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**PRIMARY HEALTH CARE
and
HUMAN SERVICES
in
THE COUNTY OF ERIE**

PART I

**PRIMARY HEALTH CARE :
NEEDS, RESOURCES
AND PRIORITIES**

prepared by

THE ERIE COUNTY COMPREHENSIVE HEALTH PLANNING COUNCIL

with

**THE JOINT COMMITTEE FOR PRIMARY HEALTH CARE
AND HUMAN SERVICES PLANNING**

ACKNOWLEDGEMENT

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PREAMBLE

The maintenance of optimal health and social functioning is a stated personal as well as community goal. The kind of services toward which this goal aims have traditionally been viewed separately in terms of bits and pieces. A broader and more comprehensive point of view is now current in the concept of human services.

The concept of human services pulls together a wide array of services, bits and pieces usually seen only in isolation by the average citizen at any one time. The concept of human services holds that these services should be woven together in an intelligible pattern by both voluntary and public efforts. The keys to understanding the human services concept are accessibility, affordability, availability and continuity.

The most superb health and human services may exist, but if some portion of the community is not aware of them or knowledgeable of what and where they are, or able to reach and purchase them, they cannot be considered available, accessible and affordable. In some cases an individual may be receiving a specialized service for one problem or disorder, but his more general needs such as preventive health check-up or the needs of his family may go unattended. This lack of attention to the needs of the entire individual and his family represents a lack of continuity.

The fact is that our health and human services have become so specialized around specific problems that they often fail to address the client in terms of his total needs and in relationship to his family and community. The same patient may have to go to numerous places for each of his social service needs as well as for each of his health care disorders. He most likely will have to find his way without direction or continuity of care between one service and the next.

A prime objective for the achievement of the human services concept is that no matter what the point of entry, the full range of services provided by the community will be accessible to the average citizen and that such access between services (i.e., continuity) will not result only as a matter of chance. Comprehensive primary health and human services are impossible unless the community can draw upon and maximize every resource available from both the private as well as the public sector. Communities in which the public and private sectors fail to integrate the planning of health and human services risk the danger of duplicating expensive facilities and the promotion of the unequitable distribution of highly trained personnel.

The goal of continuity, equal access from all points of entry, necessitates conscious action and community planning. It involves outreach programs, a system of referrals for specialist programs, follow-up, appropriate hospital staff privileges and most important - a shared knowledge of community services by each provider communicated to the patient/client in a useful form.

In planning for primary health and related human services we need to take stock of where we have been and where we are heading. Self-examination can demonstrate the greatest areas of need and at the same time point toward specific improvements to be made. The energies of both the public and private resources are already absorbed in various components of the goal of primary health and human services.

Though each individual has a personal responsibility for making the full use of primary preventive health and human services in accordance with his or her needs, the community has a collective responsibility for developing visible entry points and plans insuring the availability, accessibility and continuity of our primary health and human service resources. To achieve the goal itself requires greater coordination through mutual planning. This report and its recommendations have been designed to assist in the mobilization and in the direction of resources to achieve this goal.

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ORGANIZATION OF REPORT

Below are presented descriptions of the material presented in each section of the report to assist the users in selecting the sections of most interest to them.

SECTION I: INTRODUCTION

This section presents an overview of the study, its purposes and approach. It should be reviewed quickly to place the other sections of the report in context.

SECTION II: GUIDELINES, CHARACTERISTICS AND OBJECTIVES

This section provides the foundation of goals and objectives toward which this report and the community strive. These goals and objectives are the benchmark by which the community can assess where it currently stands and will allow us to measure our progress. The Guidelines were developed by the Council's Regional Task Force on Primary Care.

SECTION III: PLANNING METHODOLOGY

This section explains the methodology used in the study. While it is of general interest to those most methodologically inclined, readers may still want to refer to specific parts of the appendices to determine how certain information was obtained.

SECTION IV: COUNTY-WIDE PROFILES

This section presents population characteristics, vital statistics, socioeconomic data, primary care physician ratios and institutional resources for each of 39 subdivisions of Erie County displayed on computer drawn maps to facilitate cross-community comparisons. The subdivisions are based on census tract aggregates and correspond with the town boundaries, the cities of Lackawanna and Tonawanda, and, in the City of Buffalo, the twelve neighborhoods approximate districts developed by the Mayor's Citizens Advisory Council on Community Improvement. It is recognized that other political and planning subdivisions exist. It is the consensus of the Joint Committee that the geographic breakdown used here is consistent with common usage and appropriate for recording data.

SECTION V: INSTITUTIONAL RESOURCES

This section presents information about the health care services provided by hospital out-patient departments, neighborhood health centers and categorical public health programs. While all of these services may not be equivalent to primary health care, they may or do have potential to contribute to, duplicate and/or augment the primary care available from individual primary care physicians.

SECTION VI: NEIGHBORHOOD AND TOWNSHIP PROFILES

This section presents the preceding data plus additional information profiling the general description of each of the 39 subdivisions, in terms of its demographic profile, socio-economic profile, health status, resources and patterns of utilization. Comparisons to county-wide figures are provided for each item. Wherever possible, each item has also been ranked to show how each community subdivision in question compares to the others in the county. Profiles are arranged alphabetically by city neighborhood and then by city and town. Each starts with a map of the area and a written summary description.

The statistics have been drawn from the much more extensive and detailed tables by census tract in Appendix A, and the readers are encouraged to review these tables for further information on any given point of interest.

I.

INTRODUCTION

This volume includes both statistical data and information on perceptions by community leaders and residents of the county. It has been designed and written to provide both a general overview of primary health services in Erie County and specific information which can be useful in the process of planning for health and related human services.

RATIONALE FOR THE STUDY

This study was conceived and initiated by the Comprehensive Health Planning Council of Erie County as a result of the mutual recognition by the Community Health and Human Services Committee, and the Council that in order to maximize the resources of both the public and private sector in responding to the felt needs of the community, pertinent data is needed on the extent of needs and the availability of resources.

PROCESS ORIENTATION

The acknowledgements at the beginning of this volume indicate that this study has benefited from the involvement of a great number of people. This was in no way coincidental. It is a strongly felt principle of the Health Planning Council that if this study were to be of use to the community in setting priorities and allocating resources it should involve those people most affected, both providers and consumers, in the conduct of the study.

This study process was formalized with the selection of a Joint Committee. The Joint Committee includes in its membership the Community Health and Human Services group established in May at the request of County Executive Regan. In addition, the Committee includes members of the Executive Committee of the CHPC of Erie County, representation from the County Executive's office, the County legislature, Western New York Hospital Association, the Erie County Health Department and the Erie County Medical Society and the Regional Office of the New York State Health Department.

The methodology and guidelines utilized in this report were developed by the Regional Task Force on Primary Care of CHPC/WNY, chaired by F. Carter Pannill, M.D., Vice President of Health Sciences and the School of Medicine, SUNYAB.

This study we hope is much stronger for this process and more responsive to the concerns of those actively involved in health and human services than would have otherwise been the case.

The results of this study, as found in this document, are a comprehensive collection of the best available data on population characteristics and health service patterns, resources and perceived needs. The data is by no means flawless and the report makes no claim at being exhaustive or a final examination of the subject. It is, however, a starting point for both better understanding the needs and resources for health and human services and

in making a constructive contribution to the planning process.

There will undoubtedly be instances where the stimulus provided by the descriptions and data contained in this document will result in not only corrections and updating of the information and data, but also will disclose compelling reasons for taking immediate remedial action.

MAJOR USES

This document has certain definite strengths and can be used by a variety of people - consumers, providers, planners and funders, involved in the provision of primary health and human services. The document -

- * Gathers together and displays in one place the best available information on the status of services and needs in Erie County.
- * Provides an overview of primary health services which has been developed through a set of consistent methods across towns and neighborhoods.
- * Integrates available statistical data and information on how individual residents and community leaders perceive their needs.
- * Provides a general context in which specific localized needs and problems can be considered on a county-wide basis.
- * Indicates directions for research or for exploration of issues that appear to be of significant importance in the delivery of primary care in the context of related human service needs.
- * Finally, the document can be used as a common starting point in negotiations and discussions that accompany the planning, decision-making and implementation process.

II.

GUIDELINES: CHARACTERISTICS AND OBJECTIVES

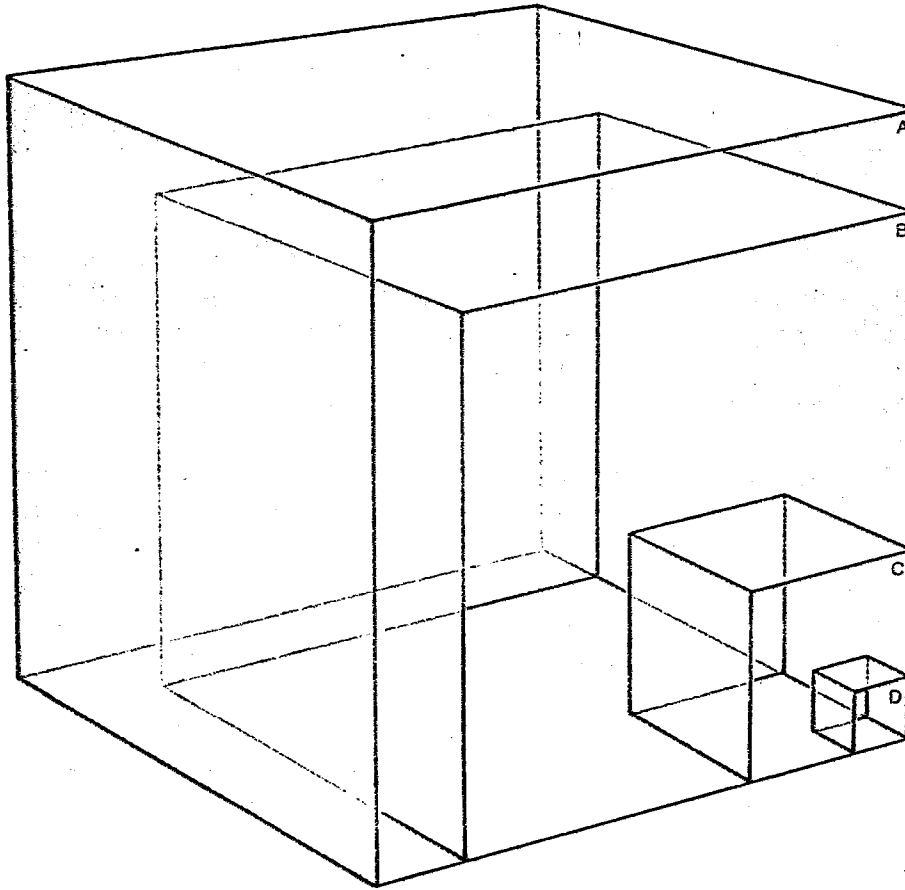
To describe what characteristics a primary health care system should have, it was first necessary for the Comprehensive Health Planning Council of Western New York's Regional Primary Care Task Force to decide upon a suitable definition of what primary care encompasses. After careful thought and considerable discussion at early meetings, the Task Force arrived at the following:

"Primary Care, usually ambulatory, offers an entry point and a holistic approach to personal health (patient) problems of a medical, emotional and social nature. It provides continuous and immediate care (not requiring a specialty level of expertise) with triage, coordination, referral to secondary and tertiary resources, and follow-up."

This definition firmly establishes Primary Care as the foundation of a health and human service system which is vertically integrated and coordinated. It is the first line of care, the entry point to a regional system, and the kind of care that most people need most of the time. It is most often obtained in a physician's office, a neighborhood health center or a hospital outpatient department but may also be provided in industrial, military and school clinics, in the home, and domiciliary housing for the elderly. Because some form of secondary and tertiary care can be provided to ambulatory patients, e.g. fairly complex surgery, renal dialysis, radiation and chemo-therapy for cancer; the term ambulatory care is not to be considered synonymous with primary care though persons in need of primary care are usually ambulatory.

This definition recognizes that there are social causes of illness in addition to the causes that medicine traditionally has concerned itself with and that primary health care addresses the person as a whole and as part of a family; and is not focused only upon abnormalities of individual organs or complaints. This kind of health care implies responsibility for continuity and coordination of all the care that the county resources afford. Primary care is, also, that level of care most associated with prevention of illness and maintenance of health.

The demand or need for primary care services can be compared to need for secondary and tertiary services. In figure 1 the volumes of demand or need are shown by the cubes. The largest cube (A) represents a theoretical volume or population of 1,000 people at risk. Of these 1,000 people, an average 720 people (cube B) may have need to visit a physician for primary care at least once during the year. Of this number, possibly only 100 will need secondary care in a hospital (cube C), and possibly only 10 of the original 1,000 persons will need specialized or tertiary care (cube D). Since demand is greatest for primary care, it is then reasonable to assume that access should be greatest at this level and related human services be linked to primary care entry points through a regionalized system.



The Task Force also had to decide who were or could be providers of Primary Care particularly because of the amount of autonomy and fragmentary approach to delivering this care that has existed in the past and will continue to exist in the future. The Task Force recognizes that pluralism is a desirable attribute of the system and has agreed that, while primary care is predominantly the responsibility of physicians in General Practice, Family Practice, and in the practices of Internal Medicine, Obstetrics and Gynecology and Pediatrics; the following non-exclusive list of professionals also contribute to primary health care services:

Chiropractors
Dental Hygienists
Dentists
General Surgeons
Health Educators
Licensed Practical Nurses
Nurse Practitioners
Nutritionists

Ophthalmologists
Optometrists
Osteopaths
Pharmacists
Podiatrists
Psychiatrists
Psychologists
Registered Nurses
Social Workers

The Primary Care Physician, however, is defined as:

"...a) the physician of first contact for the patient; b) makes the initial assessment and attempts to solve as many of the patient's problems as possible; c) coordinates the remainder of the health care team, including ancillary health personnel as well as consultants, that are necessary to impinge on the patient's problems; d) provides continued contact with the patient, and often his family; e) acts as the patient's adviser and confidant; and f) assumes continued responsibility for care..."*

* Source: Robert G. Petersdorf, M.D., from a presentation before the American Associations of Medical Colleges - Institute on Primary Care, Chicago, Illinois, October 6, 1974

RECOMMENDED CHARACTERISTICS OR OBJECTIVES OF PRIMARY HEALTH CARE

Availability

- Objective 1. The services of primary care, as described above, should be available to all of the population of Western New York. To achieve this there must be an appropriate pluralistic array of personnel, facilities, and support services. For comparison and analysis a ratio of 135 primary care physicians per 100,000 people is offered as a guide and long term objective by the New York State Regents Task Force on Medical School Enrollment and Physician Manpower.*
- Objective 2. Primary care services should be available at times consistent with the working patterns of consumers.
- Objective 3. Primary care services available should include the following:
- a. Answering services to make appointments, take messages, provide information and perform elementary triage.
 - b. Provision of or referral linkages to mental health and alcoholism services.
 - c. Provision of or referral linkages to social services.
 - d. Provision of or referral linkages to nutritional services.
 - e. Provision of or linkages to health education services.
 - f. Provision of or linkages to a choice of pharmacy services.
 - g. Provision of or linkages to dental services.
 - h. Provision of or linkages to all medical specialty areas.
 - i. Provision of or linkages to all necessary diagnostic laboratory services including X-ray.
 - j. Provision of or linkages to acute hospital services.
 - k. Provision of or linkages to rehabilitation services.
 - l. Provision of or linkages to extended care and skilled nursing services.

* Interim Report and Synopsis of Findings to Date, Regents Task Force on Medical School Enrollment and Physician Manpower, October, 1974.

m. Provision of or linkages to home health care services.

Accessibility

- Objective 4. As a general rule, 30 minutes of travel time is the minimum degree of proximity acceptable for the region and in urban areas this should be less than 30 minutes.
- Objective 5. Waiting time to see a provider of primary care during regular office or clinic visits should be less than 30 minutes.
- Objective 6. Centralized and easily reachable information sources should exist to provide information to the consumer about the range of existing alternative sources of care available.
- Objective 7. Length of time between requests for appointments and actual service should in all cases be consistent with needs of the consumer to insure timely treatment.
- Objective 8. There should be no environmental, cultural or social barriers to access.

Acceptability

- Objective 9. Primary health care should provide "one level of care" with respect for individual dignity and need.
- Objective 10. The right to confidentiality in professional relationships is basic to acceptability and should be continually guarded.
- Objective 11. The consumer of services should have a voice in decisions which affect the health care available to him and for which he pays.
- Objective 12. Decisions affecting health care systems should include the concerns of those responsible for providing care and appropriate roles in policy making, planning and regulation should be maintained to insure a system acceptable to existing and potential providers.

Affordability

- Objective 13. Primary health care should be available without regard to ability to pay and the use of deductibles and co-payment clauses in health insurance plans should not be a barrier to care.

- Objective 14. Health insurance plans should be broad enough to include payment for all primary care services whether or not those services are provided by physicians or non-physician professionals in hospitals, in physician's office, or in other facilities.

Coordination and Continuity

- Objective 15. There should exist for every potential patient assurance that his health care will be provided with coordination and continuity, and that responsibility for such care can be fixed with one person or institution.

Quality

- Objective 16. Every person has the right to expect care which is professionally considered appropriate and technically adequate; including procedures which should be subjectively acceptable.

Accountability and Evaluation

- Objective 17. Primary care services should have built-in mechanisms to provide accountability and evaluation on an ongoing basis to ensure that future needs are met.

Economy, Efficiency and Effectiveness

- Objective 18. Existing and future primary care services should reflect the best possible use of resources.

III.

PLANNING METHODOLOGY

The purpose of this section is to describe and explain the methodological approach by which this study has attempted to:

1. Estimate current and future needs
2. Determine the adequacy of resources and programs available to meet these needs, and
3. Understand the major underlying factors involved in developing priorities for improving service delivery.

Since needs and resources are likely to vary by community within the county, it is useful to perform both community and county-wide analysis. The first step in the methodology has been to divide the county into major neighborhoods, townships and civil divisions by aggregations of census tracts (see Appendix B for description of aggregation process).

The major objective of this methodology has been to collect in one place all available or existing data and to organize it in a form usable for planning. The statistical data collection, storage, retrieval and display process lies at the heart of this effort. The methodology is designed to collect relevant statistical data on available primary care resources and to interpret this data in light of population and health status information.

This study has produced the following information by census tract and/or neighborhood and township designations:

- * Population Characteristics and Trends
- * Birth Rates
- * Infant Mortality Rates
- * Percentage of Population below Poverty Level
- * Percentage of Households without Automobiles
- * Ratio of Primary Care Physicians per 1,000 Population
- * Location of Primary Care Physicians
- * Emergency Room Visits per 1,000 Population
- * Incidence Rates for the Ten Leading Causes of Death
- * Incidence Rates for Tuberculosis
- * Description of Organized Health Centers and Hospital Outpatient Department Facilities

- * Description of Categorical Health Programs of the Erie County Health Department
- * Public Transportation Resources
- * An Index of Medical Underservice

The core objective of this document is to identify priority areas designated as medically underserved for primary health care. This study utilizes the "Index of Medical Underservice" developed by the Department of Health, Education and Welfare, which combines both need and supply variables. These variables include 1) percent of the population below poverty level, 2) percent of the population 65 and older, 3) infant mortality rate, and 4) ratio of primary care physicians per 1,000 population. Readers may wish to refer to Appendix B for further details involved in the I.M.U. methodology and on how certain information was obtained.

The implementation of the methodology related to statistical data gathering, was developed in cooperation with the School of Social and Preventive Medicine and their computer facilities, supported by the Lakes Area Regional Medical Program. All major demographic information, vital statistics and physician data has been coded for retrieval in the form of computer drawn maps as well as tables. In cooperation with each of the nine hospitals in Erie County which provide organized outpatient services, the Western New York Hospital Association, the Erie County Health Department and the United States Government Accounting Office, a survey of health centers and hospital outpatient services has been conducted.

IV.

COUNTY-WIDE PROFILE

Since the statistical data collected provides the key for analysis, the information has been arranged in a format where it can be readily compared across community aggregations. This data has been programmed on computer drawn maps to provide a visual display for comparative purposes. Maps with the subdivision of the County into 39 units are included in this section. Maps showing the same information by census tract for Buffalo (B series) and the County excluding Buffalo (EXB Series) are included also. The legend on the left side of each map is a guide to the identification of areas of similar conditions and shows the number of communities which fall into five different value ranges.

POPULATION CHARACTERISTICS

Certain areas contain higher proportions of the County population and others a higher proportion of specific age groups. The distribution of population by density and by specific age group has implications as to where services should be located as well as to the kinds of services most needed in an area.

Density

Between 1960 and 1970 the population of the County of Erie grew from 1,064,688 to 1,112,491. A substantial proportion of this change reflected suburban growth. The City of Buffalo's population declined by 74,945. Among the suburban townships showing significant population gains were Amherst, Cheektowaga, Clarence, Grand Island, Hamburg, Lancaster, Orchard Park and West Seneca. Figures E-1, B-1 and EXB-1 present the population density for the county by towns, cities and neighborhoods. Those areas most heavily shaded have the greatest population densities per square mile. The densest areas are of course in the urban core with eight of the twelve Buffalo neighborhoods falling in the 10 to 20,000 persons per square mile range.

The future estimate of the county's population for 1985 is 1,200,463. (See Appendix C for population projections).

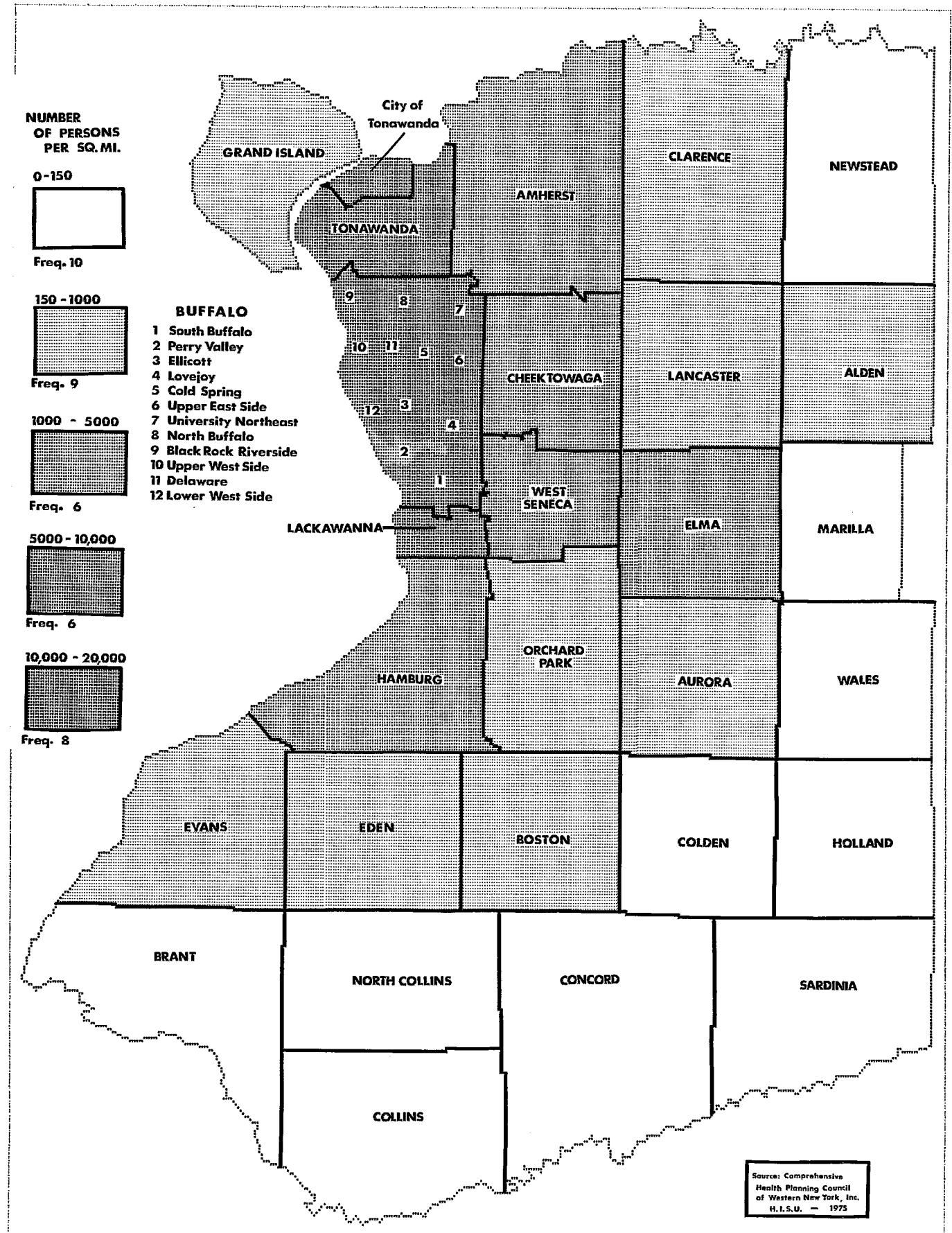
In general the county will be characterized by a relatively stable rate in population growth. Most communities will be experiencing either modest growth or marginal decreases in population. Areas in which significant population increases are anticipated include Amherst, Cheektowaga, Grand Island, Hamburg, Orchard Park and West Seneca. Within the City of Buffalo the Lower West Side will experience the greatest growth. Of major significance for planning purposes is the magnitude of projected increase in the Town of Amherst associated with the opening of the new campus of the State University of New York at Buffalo and surrounding new town developments. The population of the Town of Amherst is predicted to increase by over 40,000 by 1980.

NOTE: The County's population projection is based on New York State Office of Planning Service (OPS) county figures mandated for control totals. The allocation of this projection within the county has been made by the Niagara Frontier Transportation Committee (NFTC).

Source: Erie and Niagara Counties Regional Planning Board,
Regional Population Projections; Table IV-5, 1972.

Niagara Frontier Transportation Committee, unpublished study, 1974.

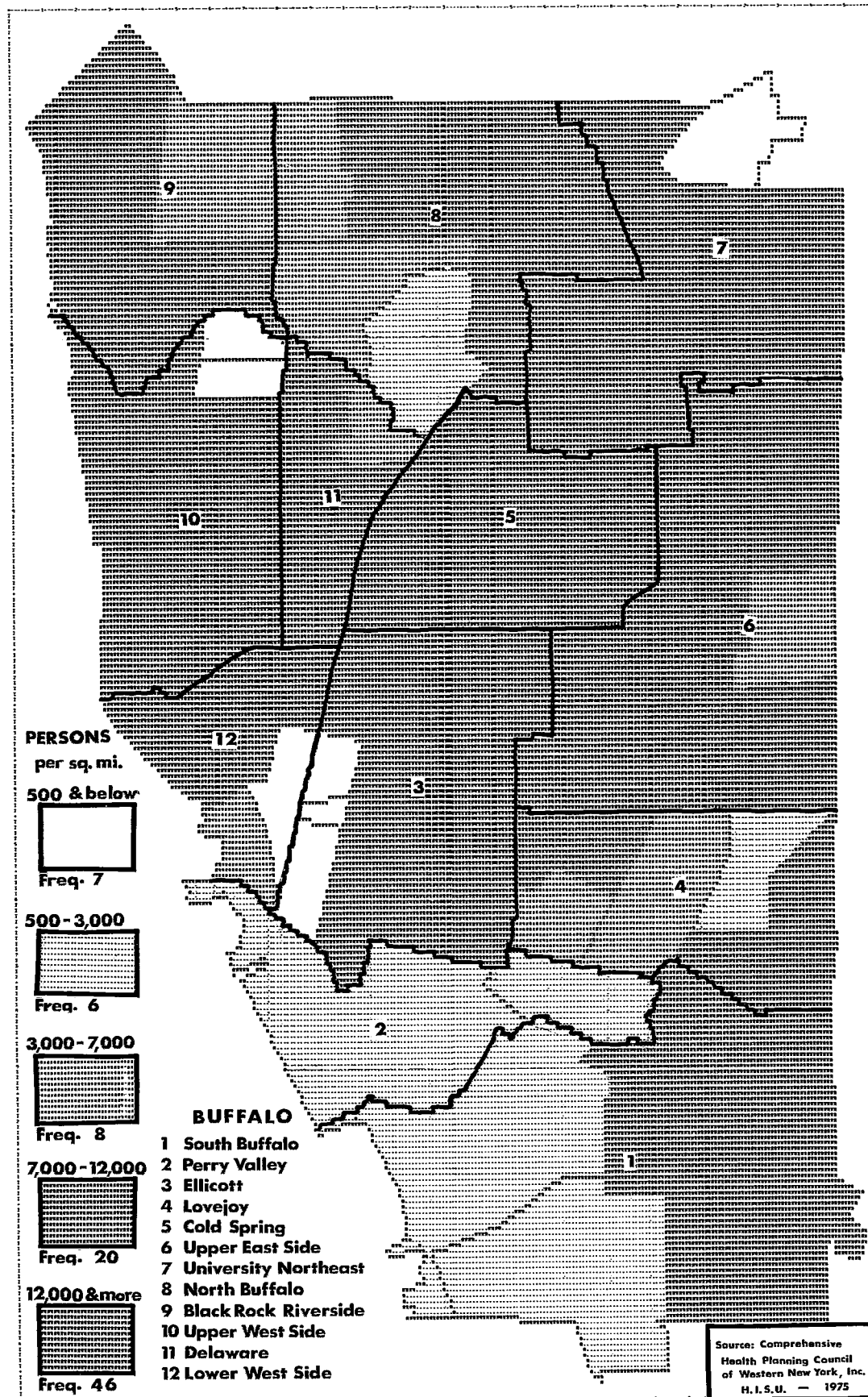
FIGURE E-1
POPULATION DENSITY PER SQUARE MILE — ERIE COUNTY



Source: Appendix A, Table 2

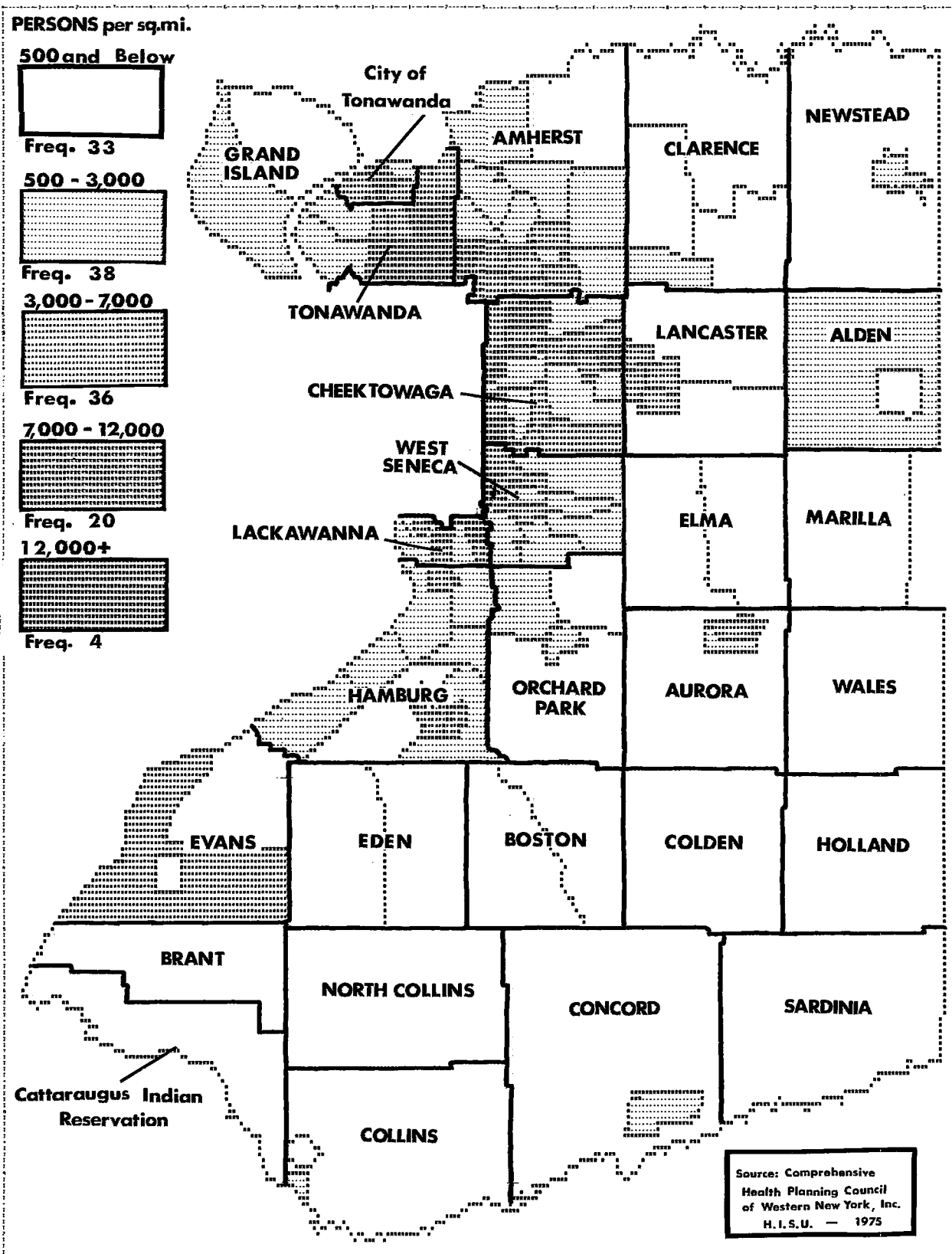
FIGURE B-1

POPULATION DENSITY PER SQUARE MILE — BUFFALO



Source: Appendix A, Table 2

FIGURE EXB -1
ERIE COUNTY
POPULATION DENSITY PER SQUARE MILE — EXCLUDING BUFFALO



Population 65 and Older

For purposes of definition the aged are considered to be 65 years of age or older. Of course, this is an extremely artificial method of categorizing people. The aging process begins well in advance of the 65th year and the reaction to this process varies widely between individuals.

The problems of the aging are often psychological, as well as physical including the adjustment to new life style, need for companionship, recreation, and the lack of full independence. The aged are more prone to illness which when combined with factors of low fixed-income and high living costs decrease the aged's capability to maintain their health. For the old, the expenditures for health often only serve to reduce one's capability to maintain it.

Figures E-2, B-2 and EXB-2 illustrate the percentage of population 65 years of age and over. According to the 1970 census there are 112,656 individuals in Erie County who are 65 years and older. This represents approximately 10% of the county's total population. Of this total, 61,305, or 54% reside within the City of Buffalo.

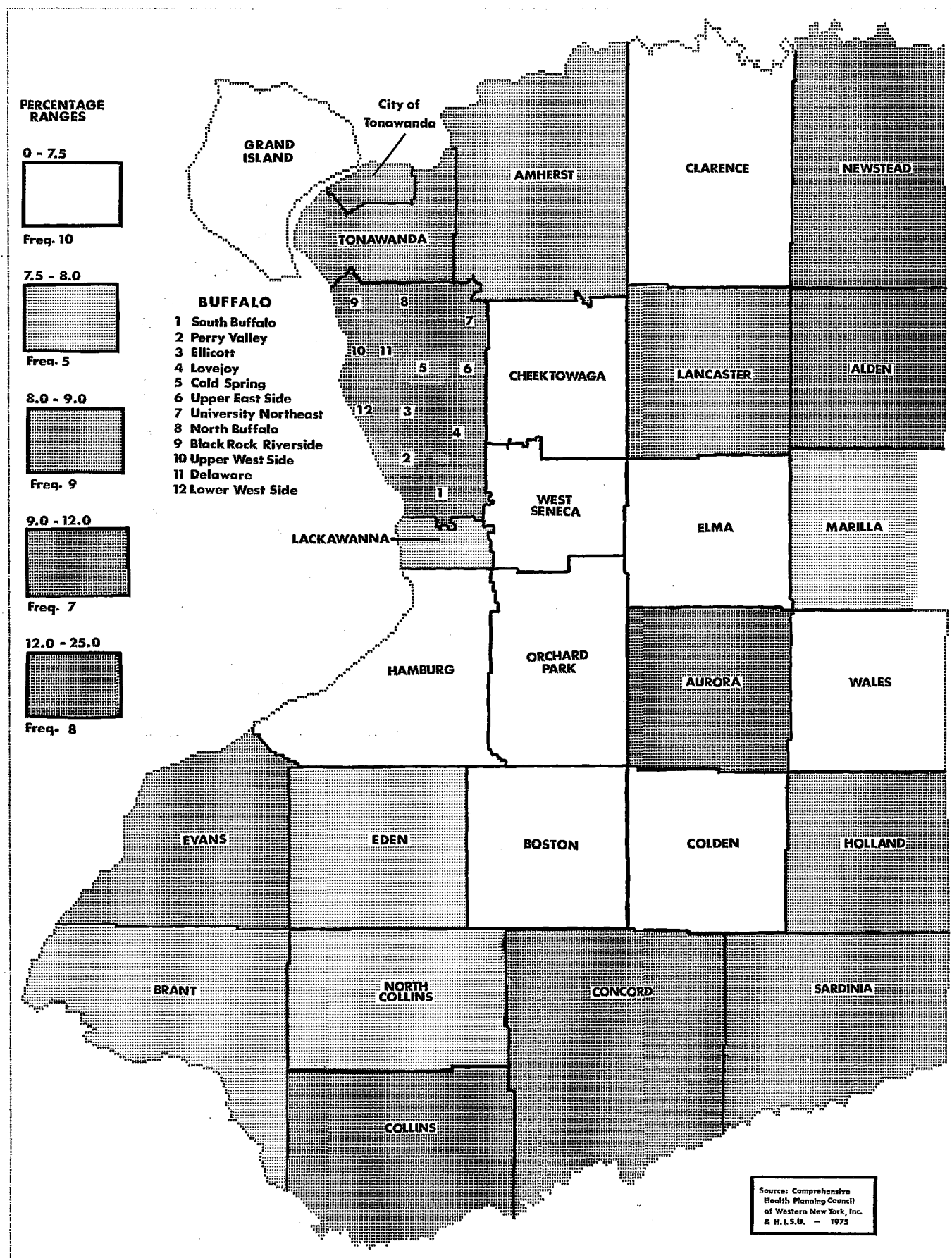
The percentage of population within this age group has significant implications for the planning of health and related human services. The age group of residents 65 and over makes up approximately 10% of the population, but accounts for 27% of our total health care expenditures.* The aged require relatively larger outlays because they have more and costlier illnesses than the younger populations. The average medical bill for each aged person in the United States in 1971 was \$791. This was more than six times the \$123 average for a youth under 18 and almost three times the \$296 figure for a person in the intermediate age group.

In the towns and neighborhoods of Erie County the distribution of the elderly 65 and over as a percentage of total population ranges from a high of 24% to a low of 4.4%. The areas with the highest percentage of citizens 65 and older include:

| | |
|-----------------------|----------------------|
| Delaware | Upper West Side |
| Lower West Side | Black Rock/Riverside |
| University/North East | Newstead |
| North Buffalo | Lovejoy |
| South Buffalo | Concord |
| Upper East Side | |

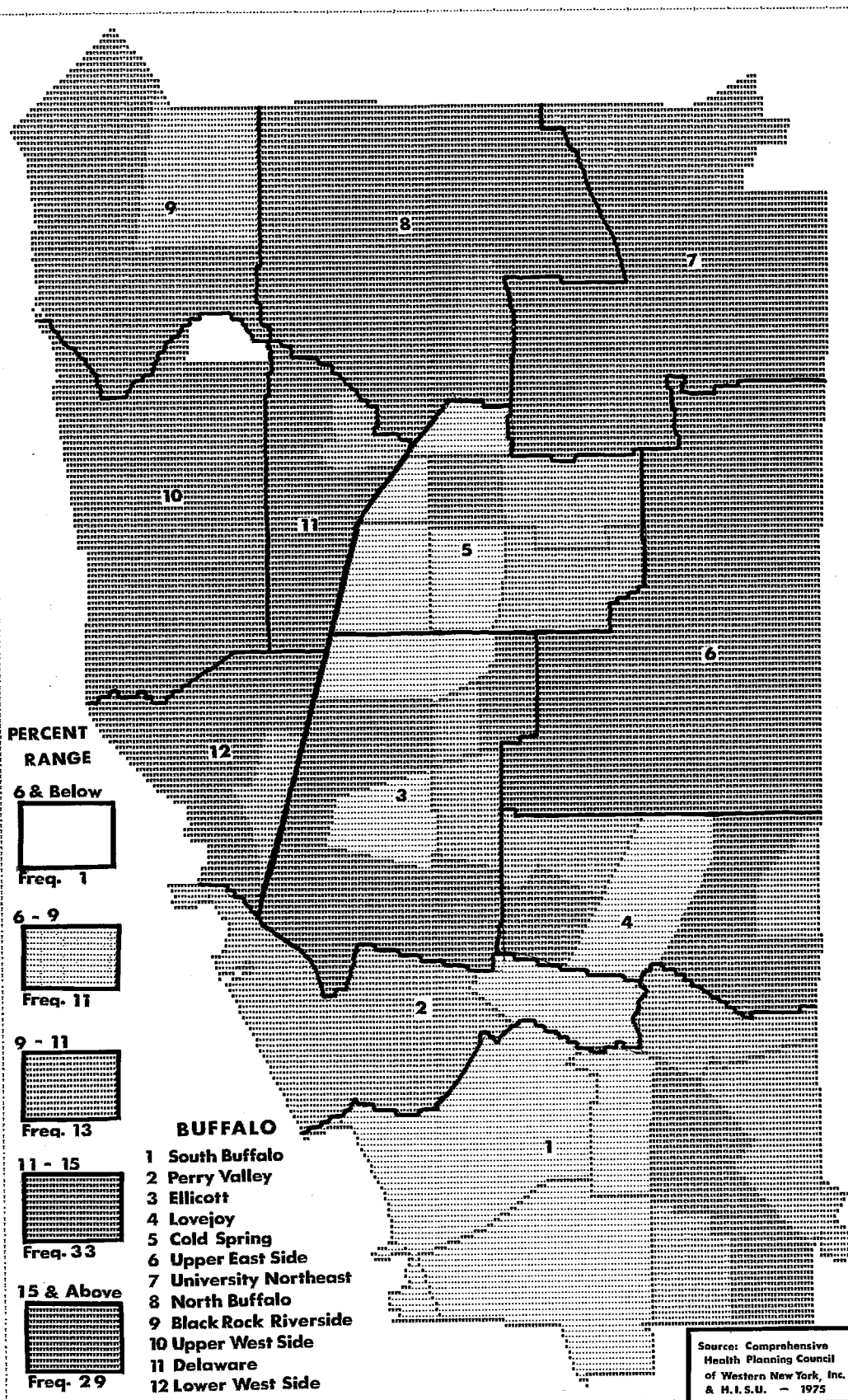
* Source: Basic Facts on the Health Industry, Committee on Ways and Means, 92nd Congress, Washington, D.C., 1971.

FIGURE E-2
PERCENT PERSONS 65 AND OLDER — ERIE COUNTY



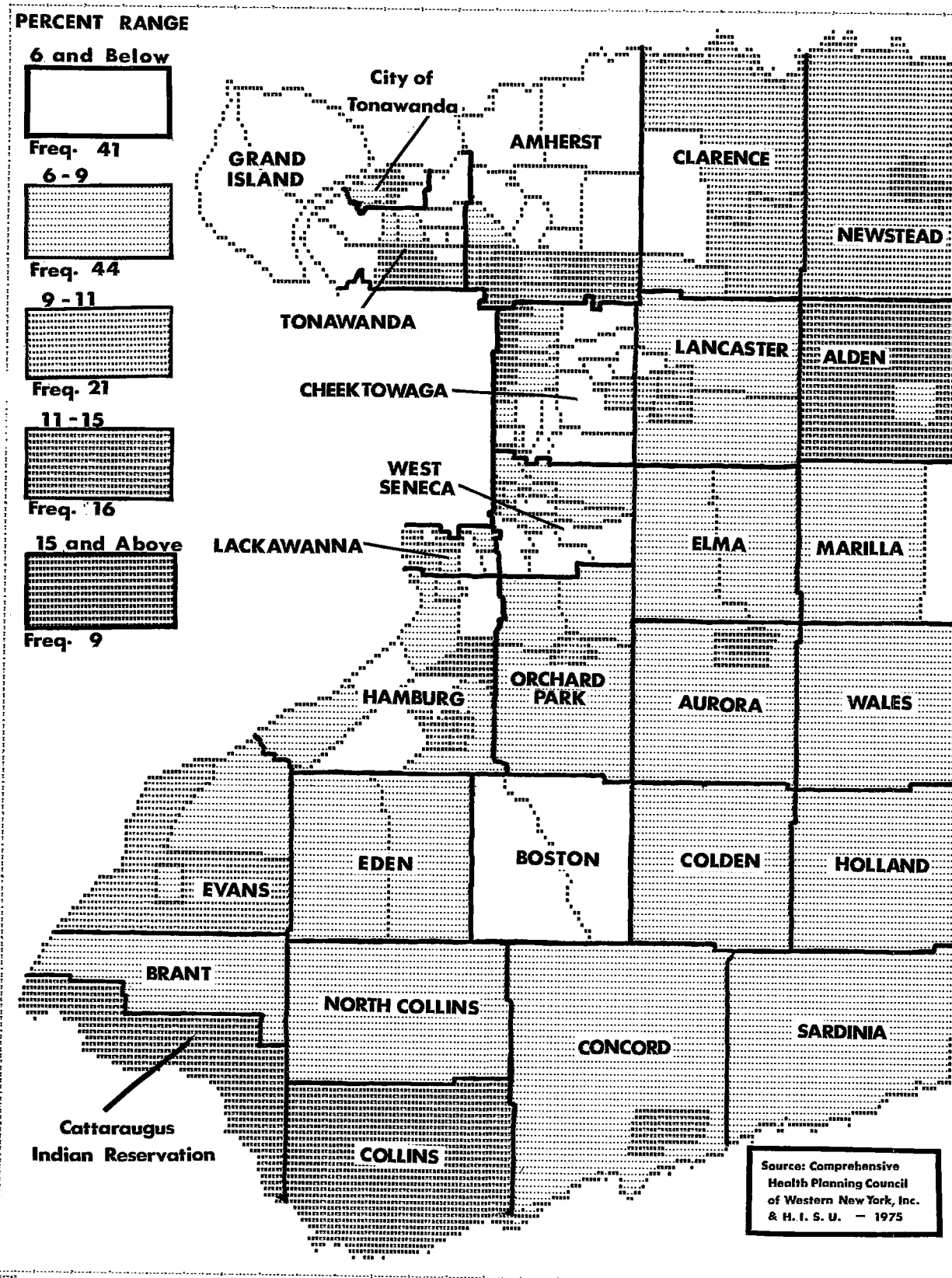
Source: Appendix A, Table 1 and Table E-3 in text

FIGURE B-2
PERCENT PERSONS 65 AND OLDER — BUFFALO



Source: Appendix A, Table 1 and Table E-3 in text

FIGURE EXB-2
PERCENT PERSONS 65 AND OLDER — ERIE COUNTY
EXCLUDING BUFFALO



Source: Appendix A, Table 1 and Table E-3 in text

VITAL STATISTICS

Certain routinely collected data can provide insights into the general health status and the effectiveness of medical care within a population. Vital statistics have often been used as gross indices of population characteristics for comparative purposes. Many factors contribute to the relative value of these measures and consideration of these comparisons should be tempered with the awareness of differences in the consistency of reporting, variation in the distribution of age and social class in the population under study, and the availability of health care resources.

Infant Mortality

In recent years, the U.S. infant mortality rate has received much attention as one of the key indicators of the level of health of a population, and hence a rough measure of the effectiveness of the health delivery system.

Figures E-3, B-3 and EXB-3 present the infant mortality rates per 1,000 live births for the county by each of the 39 districts. These rates have been computed based on a five year average for the period 1969 - 1973. As can be seen in these figures, there are significant variations in infant mortality rates within the county. The average rate of the five-year period is 18.3.

There has been a trend in the State as a whole and in Erie County toward a decreasing infant mortality rate over the decade 1960 - 1970. However, in 1971 there was a slight rise in infant mortality. This increase in the infant mortality rate was attributed to the substantial decrease in the total number of births among middle and upper class women whose infants are at less risk of dying within the first year. As a result, the same number of infant deaths among a smaller population of infants produced an increased infant mortality rate.

The overall live births for Erie County continued the same rate of decline that was first noted in 1970. This follows a similar trend being experienced throughout the country. Live births numbered 13,554 in 1973, down 1,317 from 1972.

The highest average infant mortality rates for the 1969 - 1973 period are found in Ellicott (34.0), Cold Spring (31.0), lower West Side (27.1) and Brant (25.8).

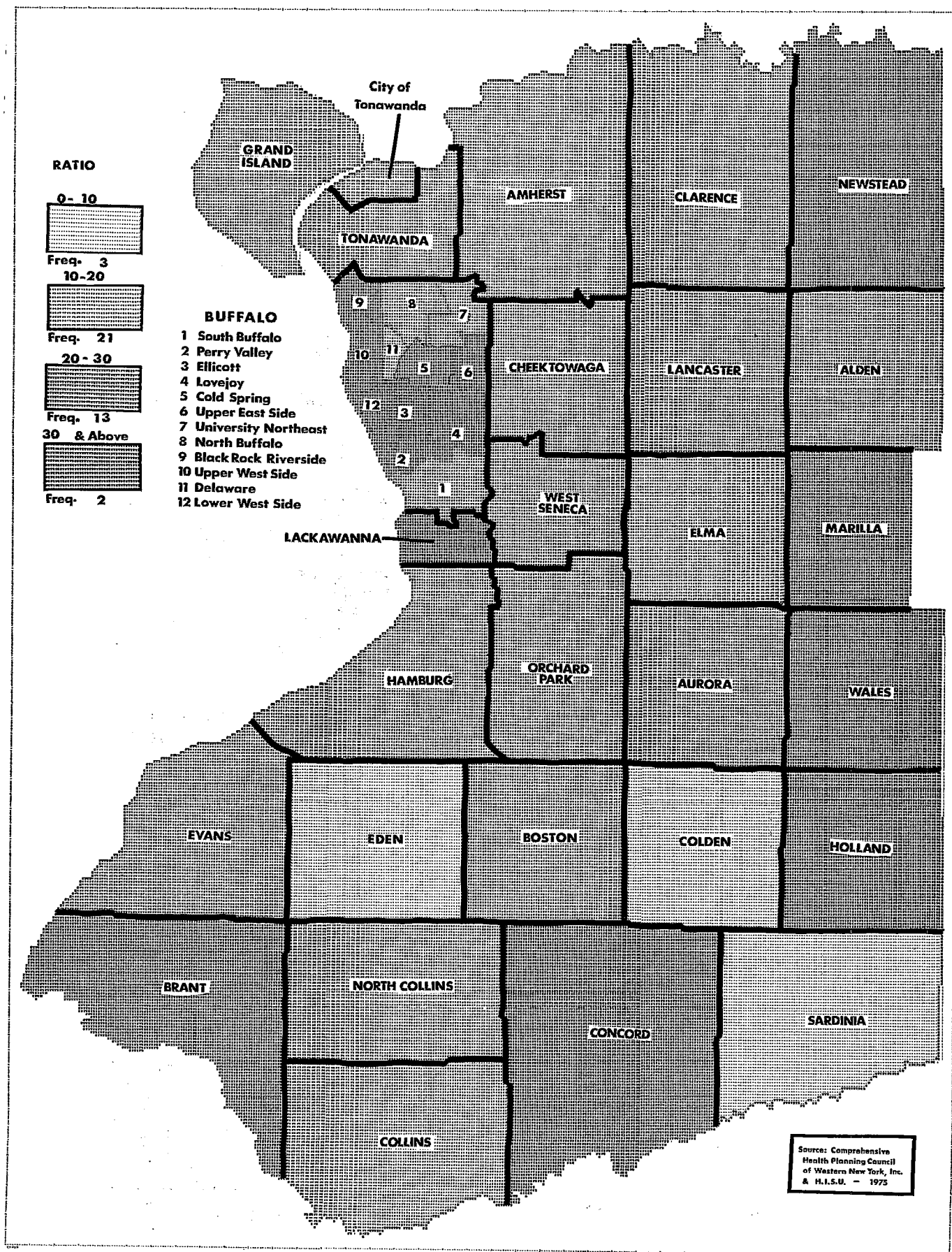
Infant mortality and morbidity is excessive in the urban areas where low income families are concentrated. Although the infant death rate in Erie County has been falling and is now less than the U.S. rate (16.5 infant deaths/1,000 livebirths in 1973, 19.8 in 1972, 20.8 in 1971), the infant death rate in Buffalo residents continues to be 40% greater than that in the suburban and rural areas. In the poorer census tracts, the infant death rate is 100% or more greater than in the suburban areas.*

The majority of these infant deaths can be directly attributed to prematurity and inadequate fetal growth. In 1972, in Erie County 8.7% of all infants weighed less than 2500 gms. at birth. The neonatal death rate has been relatively constant at 20/1,000 livebirths until

* Source: Family Life Program, Erie County Health Department

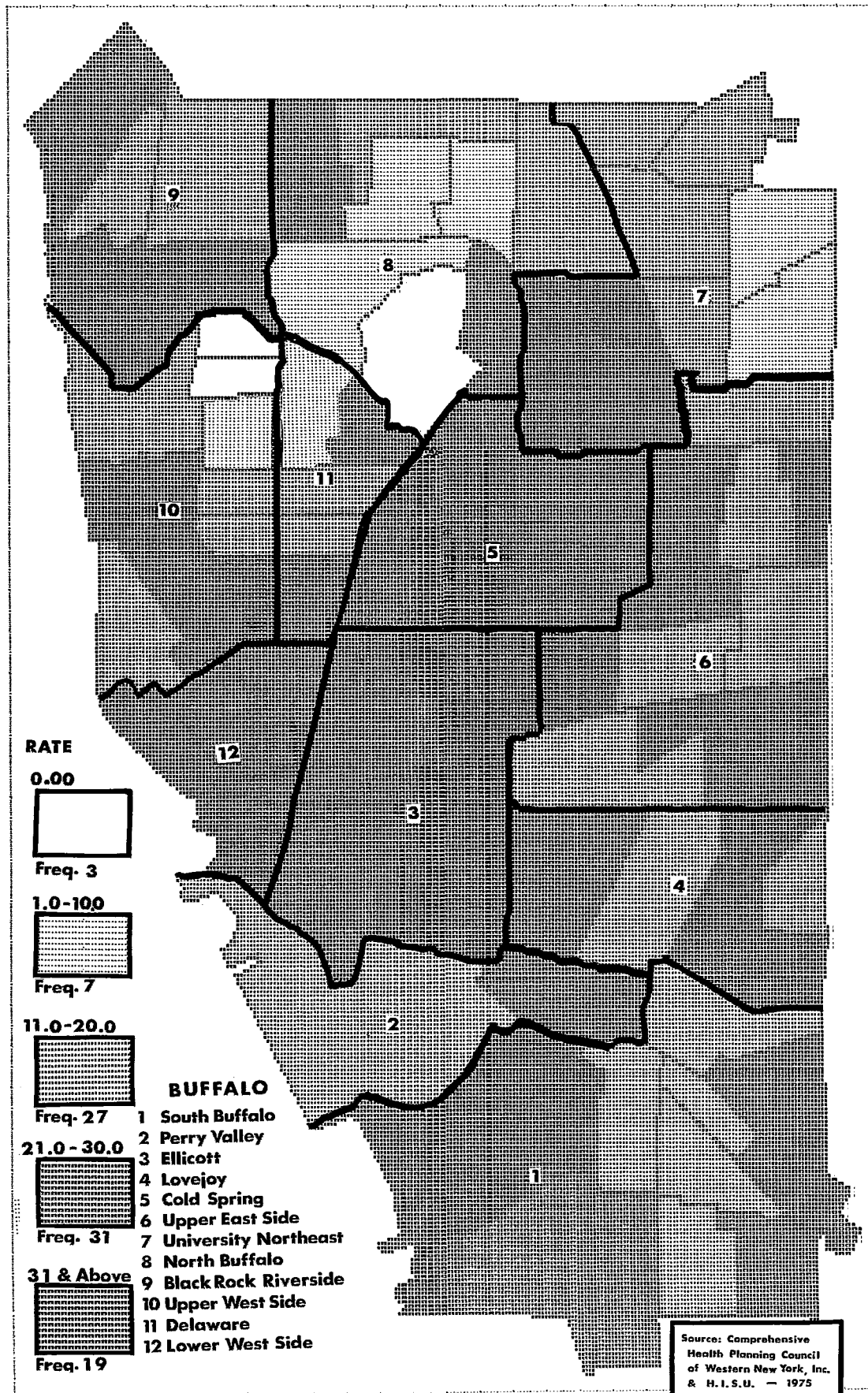
FIGURE E-3

INFANT MORTALITY RATE PER 1000 LIVE BIRTHS 1976/74 - ERIE COUNTY



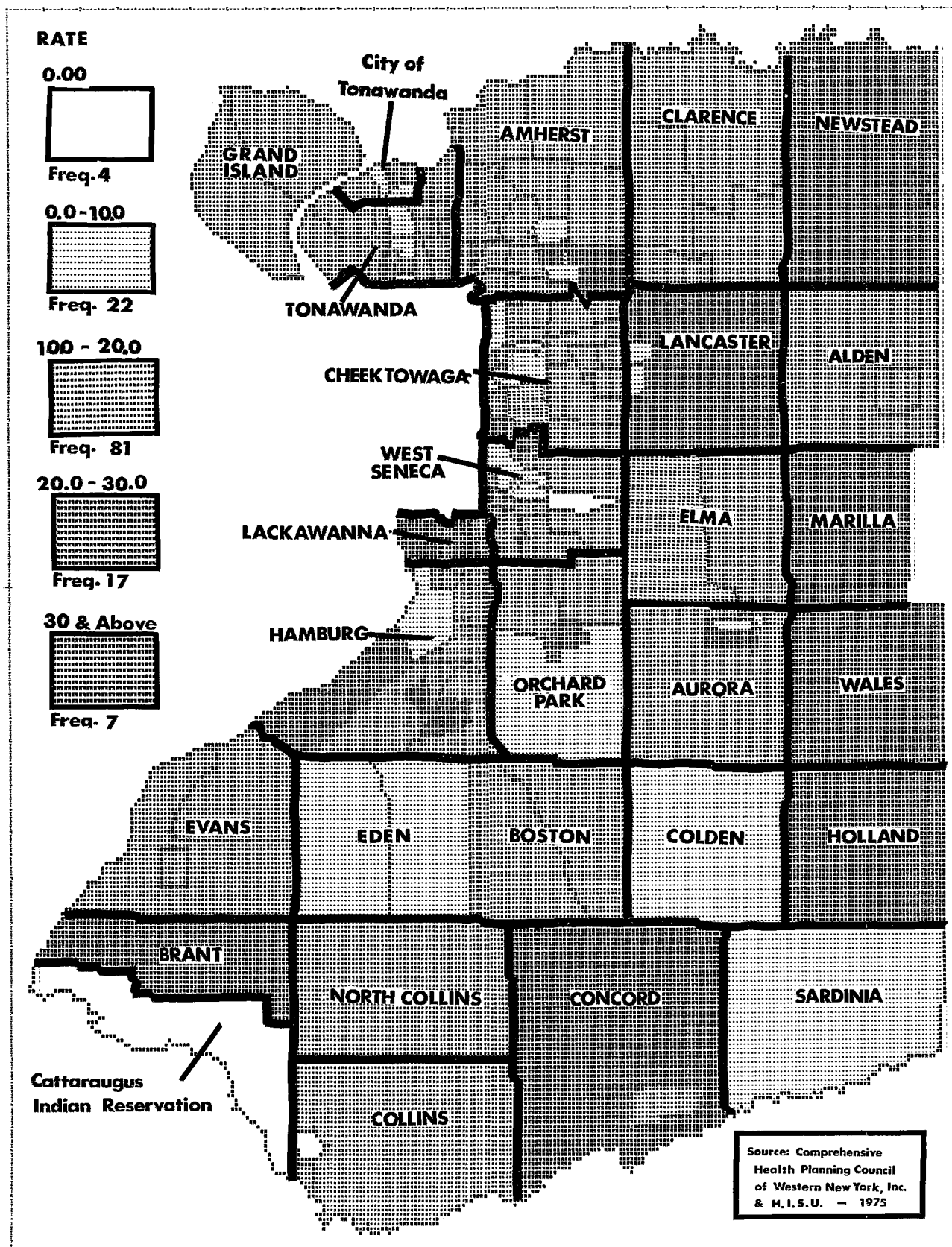
Source: Appendix A, Table 1

FIGURE B-3
INFANT MORTALITY RATE PER 1000 LIVE BIRTHS 1970/73 —BUFFALO



Source: Appendix A, Table 1

FIGURE EXB-3
INFANT MORTALITY RATE PER 1000 LIVE BIRTHS 1970/73
ERIE COUNTY EXCLUDING BUFFALO



Source: Appendix A, Table 1

1973 when it fell to 14.5. It is quite possible that the improved access to family planning resources has contributed to this recent decline in addition to other programs instituted and expanded to improve the survival of high risk infants. However, this rate is still 50% greater than it should be.

Leading Causes of Death

Accident deaths were up 10.3 percent over 1972 rates.

Diseases of the heart continued to claim the most lives in Erie County - 383.0/100,000 residents. Malignant neoplasms (cancer) was second with a death rate of 194.3/100,000 and cerebrovascular disease was third with 102.4. Malignant neoplasms have increased 8 percent over the 1972 figure while the other two have shown slight decreases. Each of the three leading causes of death was higher in Buffalo than in the remainder of the county.

Table E-1 presents the number and rate of selected causes of death for Erie County residents.

Neighborhood profiles in Section VI contain information regarding the ranking of causes of death within each of the 39 communities.

Incidence of Tuberculosis

Considerable progress in the control of tuberculosis has been made in Erie County. Tuberculosis is related to the quality of life, being perpetuated under conditions of socio-economic stress, poor housing and environmental conditions and alcoholism.

Data maintained by the Erie County Health Department on the incidence of tuberculosis per 100,000 population average over a five year period indicate that the following areas evidence the highest rates within the county. (See Table E-2.)

| | |
|-----------------|------|
| Ellicott | 74.6 |
| Cold Spring | 61.0 |
| Lower West Side | 43.9 |
| Perry Valley | 39.7 |
| Lackawanna | 25.1 |
| Lovejoy | 23.4 |

Table E Part 1
TEN LEADING CAUSES OF DEATH - 1973
ERIE COUNTY

| Neighborhood or Town Name | Diseases of Heart | Malignant Neoplasm | Cerebro- Vascular | Accidents | Influenza & Pneumonia | Diabetes | Certain Causes Inf. Mor. | Arterio- Sclerosis | Cirrhosis | Bronchitis Emph, Asthma | All Other Causes | Total | Infant Deaths/1000 Live Births | Birth Rate | Population |
|---------------------------------|----------------------|-----------------------|----------------------|-----------|--------------------------|----------|--------------------------------|-----------------------|-----------|----------------------------|---------------------|-------|--------------------------------------|------------|------------|
| SOUTH BUFFALO | 41.5 | 17.9 | 12.3 | 3.2 | 2.8 | 1.4 | 3.0 | 1.6 | 2.8 | 2.0 | 11.5 | 100.2 | 28.2 | 135.7 | 49592 |
| PERRY VALLEY | 45.2 | 16.3 | 7.2 | 5.4 | 2.8 | 1.8 | 1.8 | 1.6 | 3.6 | 5.4 | 18.1 | 104.8 | 40.0 | 135.5 | 5536 |
| ELLCOTT | 42.4 | 21.3 | 11.6 | 7.5 | 3.9 | 2.4 | 4.6 | 1.7 | 5.5 | 2.8 | 32.7 | 136.3 | 37.4 | 152.1 | 54451 |
| UPPER EAST SIDE | 56.1 | 31.7 | 13.9 | 4.0 | 4.0 | 3.6 | 1.7 | 2.6 | 2.6 | 2.0 | 17.3 | 139.6 | 17.0 | 130.9 | 71716 |
| LOVEJOY | 60.0 | 23.5 | 11.2 | 2.4 | 2.4 | 1.8 | .6 | 1.8 | 4.1 | 2.9 | 17.6 | 128.2 | 9.5 | 123.5 | 17001 |
| COLD SPRING | 28.2 | 18.0 | 9.7 | 2.7 | 4.1 | 2.3 | 1.7 | .4 | 1.5 | 1.0 | 18.5 | 88.0 | 17.4 | 155.2 | 51798 |
| UNIVERSITY/NORTHEAST | 46.8 | 22.1 | 16.4 | 1.4 | 4.0 | 2.0 | 1.4 | 1.8 | 2.2 | 2.0 | 17.6 | 118.8 | 15.1 | 107.6 | 49332 |
| NORTH BUFFALO | 48.8 | 23.8 | 17.1 | 2.9 | 3.1 | 1.9 | 1.4 | 2.9 | 1.9 | 1.0 | 16.9 | 121.6 | 12.5 | 114.3 | 42007 |
| BLACK ROCK/RIVERSIDE | 57.5 | 26.5 | 11.3 | 5.5 | 1.6 | 1.6 | 2.3 | 1.9 | 4.8 | 1.3 | 13.9 | 128.3 | 19.4 | 133.2 | 30934 |
| UPPER WEST SIDE | 40.4 | 20.3 | 8.3 | 4.1 | 3.9 | 2.1 | 1.6 | 2.6 | 1.4 | 2.5 | 16.0 | 103.1 | 13.2 | 120.4 | 56750 |
| LOWER WEST SIDE | 86.8 | 35.9 | 23.0 | 10.7 | 5.9 | 3.2 | 1.6 | 4.3 | 4.3 | 4.8 | 30.5 | 211.1 | 16.9 | 158.0 | 18668 |
| DELAWARE | 69.3 | 37.7 | 14.1 | 3.4 | 7.4 | 4.7 | 1.6 | 8.1 | 1.3 | 2.0 | 28.2 | 176.2 | 8.8 | 76.0 | 14870 |
| ALDEN | 29.6 | 19.4 | 5.1 | 9.7 | 5.1 | 1.0 | 2.0 | 1.0 | 1.0 | 1.0 | 8.2 | 82.8 | 18.2 | 112.4 | 9787 |
| AMHERST | 30.4 | 15.5 | 9.0 | 3.2 | 1.6 | 1.2 | 1.4 | 2.3 | .5 | 1.3 | 10.4 | 77.0 | 15.4 | 103.5 | 93929 |
| AURORA | 34.7 | 17.3 | 14.6 | 3.5 | 2.1 | 2.1 | .7 | 3.5 | 1.4 | .7 | 9.0 | 89.4 | 12.0 | 115.8 | 14426 |
| BOSTON | 9.8 | 4.2 | 5.6 | 1.4 | 1.4 | 2.1 | 2.8 | 1.4 | 1.4 | 2.8 | 5.6 | 36.3 | 23.5 | 118.7 | 7158 |
| BRANT | 23.8 | 23.8 | 7.9 | 13.2 | 5.3 | 5.3 | 7.9 | 2.6 | 2.6 | 2.8 | 10.6 | 103.2 | 121.2 | 87.3 | 3779 |
| CHEEKTOWAGA | 31.4 | 16.6 | 6.1 | 2.8 | 1.8 | 1.4 | 1.6 | 1.5 | 1.0 | 1.3 | 10.6 | 76.2 | 9.9 | 123.9 | 113844 |
| CLARENCE | 27.0 | 18.2 | 8.8 | 1.1 | 1.7 | 1.4 | .6 | .6 | .6 | .6 | 12.1 | 71.0 | 6.8 | 81.5 | 18168 |
| COLDEN | 26.5 | 9.9 | 16.6 | 3.3 | 1.7 | 1.4 | .6 | 3.3 | .6 | 3.3 | 12.1 | 62.9 | 6.8 | 132.5 | 3020 |
| COLLINS | 42.2 | 7.8 | 12.5 | 4.7 | 1.6 | 1.6 | .6 | 1.6 | 1.6 | 1.6 | 12.5 | 87.5 | 6.8 | 89.1 | 6400 |
| CONCORD | 33.0 | 23.8 | 19.8 | 5.3 | 5.3 | 1.6 | 1.3 | 5.3 | 1.6 | 4.0 | 10.6 | 108.3 | 9.4 | 140.0 | 7573 |
| EDEN | 36.6 | 9.2 | 10.5 | 2.6 | 2.6 | 1.6 | 6.5 | 5.3 | 3.9 | 1.3 | 11.8 | 85.0 | 64.1 | 102.0 | 7644 |
| ELMA | 29.0 | 14.0 | 9.0 | 3.0 | 1.0 | 1.0 | 6.5 | 1.0 | 3.9 | 1.0 | 5.0 | 63.9 | 10.2 | 97.9 | 10011 |
| EVANS | 48.0 | 19.9 | 4.1 | 8.2 | 2.1 | 4.1 | .7 | 2.7 | 1.4 | .7 | 8.2 | 100.2 | 4.8 | 143.4 | 14570 |

Table E Part 2
TEN LEADING CAUSES OF DEATH - 1973
ERIE COUNTY

| Neighborhood or Town Name | Diseases of Heart | Malignant Neoplasms | Cerebro- Vascular | Accidents | Influenza & Pneumonia | Diabetes | Certain Causes Inf. Mor. | Arterio- Sclerosis | Cirrhosis | Bronchitis Emph, Asthma | All Other Causes | Total | Infant Deaths/1000 Live Births | Birth Rate | Population |
|---------------------------------|----------------------|------------------------|----------------------|-----------|--------------------------|----------|--------------------------------|-----------------------|-----------|----------------------------|---------------------|-------|--------------------------------------|------------|------------|
| GRAND ISLAND | 17.2 | 12.2 | 3.6 | 2.1 | 1.4 | 4.1 | 2.9 | .7 | 2.1 | 1.4 | 10.0 | 53.7 | 23.4 | 153.1 | 13977 |
| HAMBURG | 34.6 | 17.4 | 8.0 | 4.6 | .4 | 1.9 | .8 | 2.3 | .8 | 1.0 | 9.7 | 81.6 | 6.6 | 127.4 | 47644 |
| HOLLAND | 35.0 | 15.9 | 9.6 | 15.9 | .4 | 1.9 | .8 | 6.4 | 3.2 | 3.2 | 25.5 | 114.6 | 6.6 | 219.7 | 3140 |
| LACKAWANNA | 37.3 | 16.1 | 7.3 | 5.6 | 3.5 | 4.9 | 4.2 | .3 | 3.5 | 1.0 | 9.4 | 93.2 | 29.5 | 130.2 | 28657 |
| LANCASTER | 34.9 | 22.5 | 8.5 | 2.9 | 2.0 | 1.6 | 1.6 | 1.0 | 2.0 | 1.6 | 10.1 | 88.8 | 16.9 | 115.9 | 30634 |
| MARILLA | 46.2 | 12.3 | 3.1 | 6.2 | 2.0 | 1.6 | 1.6 | 6.2 | 2.0 | 1.6 | 9.2 | 83.1 | 16.9 | 163.1 | 3250 |
| NEWSTEAD | 37.9 | 20.5 | 14.2 | 7.9 | 3.2 | 3.2 | 1.6 | 4.7 | 2.0 | 1.6 | 14.2 | 108.9 | 24.4 | 129.4 | 6338 |
| NORTH COLLINS | 34.2 | 9.8 | 9.8 | 7.3 | 3.2 | 3.2 | 1.6 | 2.4 | 2.0 | 2.4 | 17.1 | 83.1 | 24.4 | 134.5 | 4090 |
| ORCHARD PARK | 25.0 | 19.0 | 11.0 | 6.0 | 1.0 | 1.0 | .5 | 1.5 | .5 | 2.0 | 9.0 | 76.6 | 8.6 | 116.6 | 19978 |
| SARDINIA | 31.9 | 4.0 | 16.0 | 6.0 | 1.0 | 1.0 | .5 | 1.5 | .5 | 8.0 | 8.0 | 67.9 | 8.6 | 127.7 | 2505 |
| TONAWANDA CITY | 32.9 | 15.1 | 11.4 | 1.4 | 2.3 | 1.8 | 1.4 | .9 | 2.7 | 1.8 | 8.2 | 79.9 | 7.1 | 127.9 | 21898 |
| TONAWANDA TOWN | 33.5 | 18.1 | 9.3 | 2.0 | 2.3 | 1.2 | 1.3 | 2.1 | 1.5 | 1.1 | 9.2 | 81.7 | 12.3 | 90.6 | 107282 |
| WALES | 34.4 | 11.5 | 15.3 | 15.3 | 7.6 | 3.8 | 3.8 | 2.1 | 1.5 | 1.1 | 9.2 | 91.7 | 22.7 | 168.1 | 2617 |
| WEST SENECA | 33.1 | 16.7 | 8.5 | 2.3 | 2.1 | 1.0 | 1.9 | 1.9 | 1.2 | .2 | 5.8 | 74.6 | 15.2 | 122.3 | 48389 |
| TOTAL | 38.8 | 19.7 | 10.4 | 3.7 | 2.7 | 1.9 | 1.8 | 2.0 | 1.9 | 1.6 | 13.5 | 98.0 | 16.6 | 121.4 | 1113491 |

Table E-2

INCIDENCE OF TUBERCULOSIS - ERIE COUNTY

27

| | POP | 1970 | CASFS | | | | 5 YR AVE | RATE/100000 | | | | | 5 YR AVE |
|----------------------|----------|------|-------|------|------|------|-------------|-------------|------|------|------|------|-------------|
| | | | 1971 | 1972 | 1973 | 1974 | | 1970 | 1971 | 1972 | 1973 | 1974 | |
| SOUTH BUFFALO | 49592. | 6. | 7. | 1. | 8. | 5. | 5. | 12.1 | 14.1 | 2.0 | 16.1 | 10.1 | 10.9 |
| PERRY VALLEY | 5536. | 1. | 2. | 2. | 1. | 5. | 2. | 18.1 | 36.1 | 36.1 | 18.1 | 90.3 | 39.7 |
| ELLCOTT | 54451. | 50. | 49. | 37. | 40. | 27. | 41. | 91.8 | 90.0 | 68.0 | 73.5 | 49.6 | 74.6 |
| UPPER EAST SIDE | 71716. | 17. | 17. | 18. | 20. | 12. | 17. | 23.7 | 23.7 | 25.1 | 27.9 | 16.7 | 23.4 |
| LOVEJOY | 17001. | 3. | 3. | 5. | 1. | 0. | 2. | 17.6 | 17.6 | 29.4 | 5.9 | 0.0 | 14.1 |
| COLD SPRING | 51798. | 42. | 24. | 34. | 30. | 28. | 32. | 81.1 | 46.3 | 65.6 | 57.9 | 54.1 | 61.0 |
| UNIVERSITY/NORTHEAST | 49332. | 9. | 8. | 12. | 11. | 7. | 9. | 18.2 | 16.2 | 24.3 | 22.3 | 14.2 | 19.1 |
| NORTH BUFFALO | 42007. | 4. | 6. | 6. | 11. | 3. | 6. | 9.5 | 14.3 | 14.3 | 26.2 | 7.1 | 14.3 |
| BLACK/RIVERSIDE | 30934. | 3. | 9. | 8. | 1. | 5. | 5. | 9.7 | 29.1 | 25.9 | 3.2 | 16.2 | 16.8 |
| UPPER WEST SIDE | 56750. | 21. | 11. | 7. | 11. | 12. | 12. | 37.0 | 19.4 | 12.3 | 19.4 | 21.1 | 21.9 |
| LOWER WEST SIDE | 18668. | 10. | 9. | 8. | 9. | 5. | 8. | 53.6 | 48.2 | 42.9 | 48.2 | 26.8 | 43.9 |
| DELAWARE | 14870. | 0. | 2. | 2. | 0. | 2. | 1. | 0.0 | 13.4 | 13.4 | 0.0 | 13.4 | 8.1 |
| ALDEN | 9787. | 1. | 1. | 1. | 2. | 1. | 1. | 10.2 | 10.2 | 10.2 | 20.4 | 10.2 | 12.3 |
| AMHERST | 93929. | 4. | 6. | 10. | 4. | 9. | 7. | 4.3 | 6.4 | 10.6 | 4.3 | 9.6 | 7.0 |
| AURORA | 14426. | 0. | 1. | 0. | 0. | 2. | 1. | 0.0 | 6.9 | 0.0 | 0.0 | 13.9 | 4.2 |
| BOSTON | 7158. | 0. | 1. | 1. | 0. | 2. | 1. | 0.0 | 14.0 | 14.0 | 0.0 | 27.9 | 11.2 |
| BRANT | 3779. | 1. | 2. | 1. | 0. | 0. | 1. | 26.5 | 52.9 | 26.5 | 0.0 | 0.0 | 21.2 |
| CHEEKTOWAGA | 113844. | 9. | 12. | 7. | 9. | 5. | 8. | 7.9 | 10.5 | 6.1 | 7.9 | 4.4 | 7.4 |
| CLARENCE | 18168. | 2. | 1. | 4. | 0. | 2. | 2. | 11.0 | 5.5 | 22.0 | 0.0 | 11.0 | 9.9 |
| COLDEN | 3020. | 2. | 1. | 0. | 0. | 0. | 1. | 66.2 | 33.1 | 0.0 | 0.0 | 0.0 | 19.9 |
| COLLINS | 6400. | 3. | 0. | 0. | 3. | 1. | 1. | 46.9 | 0.0 | 0.0 | 46.9 | 15.6 | 21.9 |
| CONCORD | 7573. | -0. | -0. | -0. | -0. | -0. | 0. | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| EDEN | 7644. | 0. | 0. | 0. | 1. | 0. | 0. | 0.0 | 0.0 | 0.0 | 13.1 | 0.0 | 2.6 |
| ELMA | 10011. | 0. | 1. | 1. | 2. | 0. | 1. | 0.0 | 10.0 | 10.0 | 20.0 | 0.0 | 8.0 |
| EVANS | 14570. | 2. | 2. | 0. | 1. | 4. | 2. | 13.7 | 13.7 | 0.0 | 6.9 | 27.5 | 12.4 |
| GRAND ISLAND | 13977. | 0. | 1. | 0. | 0. | 0. | 0. | 0.0 | 7.2 | 0.0 | 0.0 | 0.0 | 1.4 |
| HAMBURG | 47644. | 5. | 4. | 5. | 2. | 6. | 4. | 10.5 | 8.4 | 10.5 | 4.2 | 12.6 | 9.2 |
| HOLLAND | 3140. | -0. | -0. | -0. | -0. | -0. | 0. | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| LACKAWANNA | 28657. | 10. | 5. | 11. | 4. | 6. | 7. | 34.9 | 17.4 | 38.4 | 14.0 | 20.9 | 25.1 |
| LANCASTER | 30634. | 4. | 7. | 2. | 2. | 2. | 3. | 13.1 | 22.9 | 6.5 | 6.5 | 6.5 | 11.1 |
| MARILLA | 3250. | 1. | 1. | 0. | 0. | 0. | 0. | 30.8 | 30.8 | 0.0 | 0.0 | 0.0 | 12.3 |
| NEWSTEAD | 6338. | 0. | 2. | 1. | 0. | 0. | 1. | 0.0 | 31.6 | 15.8 | 0.0 | 0.0 | 9.5 |
| NORTH COLLINS | 4090. | 0. | 2. | 0. | 0. | 0. | 0. | 0.0 | 48.9 | 0.0 | 0.0 | 0.0 | 9.8 |
| ORCHARD PARK | 19978. | 1. | 3. | 2. | 1. | 1. | 2. | 5.0 | 15.0 | 10.0 | 5.0 | 5.0 | 8.0 |
| SARDINIA | 2505. | -0. | -0. | -0. | -0. | -0. | 0. | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| TONAWANDA CITY | 21898. | 3. | 2. | 0. | 2. | 1. | 2. | 13.7 | 9.1 | 0.0 | 9.1 | 4.6 | 7.3 |
| TONAWANDA TOWN | 107282. | 15. | 8. | 7. | 7. | 3. | 8. | 14.0 | 7.5 | 6.5 | 6.5 | 2.8 | 7.5 |
| WALES | 2617. | 0. | 2. | 0. | 0. | 0. | 0. | 0.0 | 76.4 | 0.0 | 0.0 | 0.0 | 15.3 |
| WEST SENECA | 48389. | 4. | 2. | 2. | 2. | 2. | 2. | 8.3 | 4.1 | 4.1 | 4.1 | 4.1 | 5.0 |
| TOTAL | 1113363. | 233. | 214. | 195. | 185. | 158. | 197. | 20.9 | 19.2 | 17.5 | 16.6 | 14.2 | 17.7 |

PERCENTAGE OF POPULATION BELOW POVERTY LEVEL

The economic characteristics of a community provide insight into the health purchasing power of its people for the purpose of health planning. National studies have indicated that a person in the highest income category is 3-1/2 times more likely to have a routine physical and 4-1/2 times more likely to visit a pediatrician or obstetrician/gynecologist than a person in the lowest income group.* Figures E-4, B-4 and EXB-4 illustrate that the percentage of population below the poverty level ranges from 31.8% in the Ellicott area to 3% in the Town of Clarence.

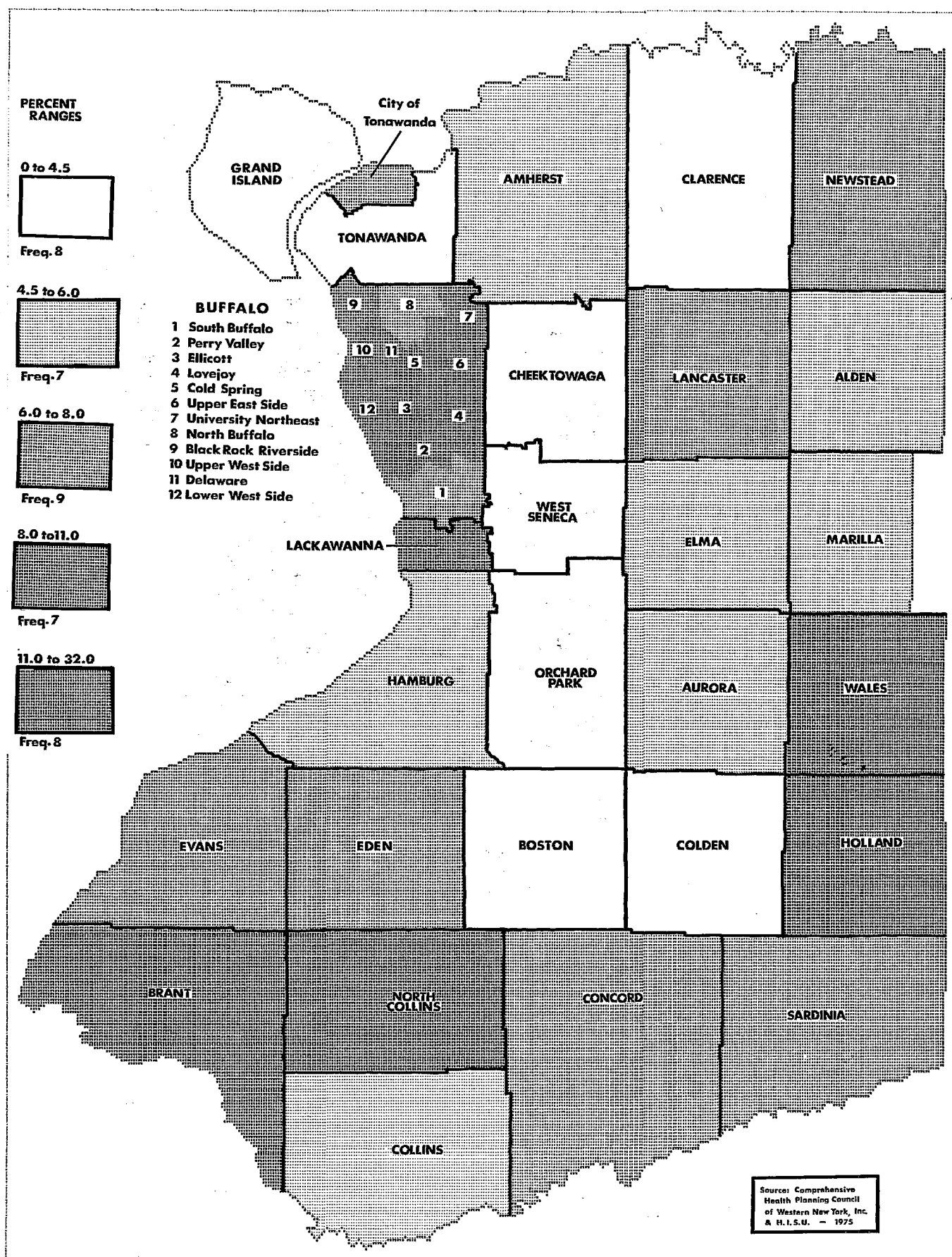
The communities which fall within the highest range of poverty (11- 32%) indicated on the E-4 map legends are: Ellicott (31.9%), Lower West Side (28.4%), Cold Spring (20.8%), Perry Valley (15.6%), Upper West Side (14.3%), Brant (13.5%), North Collins (13.3%), and the Upper East Side (11.0%).

Of equal note for planning purposes is the economic group which falls between the poverty level and that income bracket twice the poverty level (approximately \$8,000 for a family of 4). The median income in Erie County in 1970 of all families is \$10,841. Of 276,621 families in Erie County, 84,778 fall below the \$8,000/year income level - 30% of the population. ** It is this group which is not generally eligible for public or medical assistance and for whom tradeoffs between the purchase of health and human services and other necessities for daily maintenance often result in the foregoing of needed health and human services. The group maybe considered medically indigent. More detailed information on the economic profile for each of the townships, neighborhoods and major civil divisions is provided in Section VI.

* Source: Basic Facts on the Health Industry, Committee on Ways and Means, 92nd Congress, Washington, D.C., 1971.

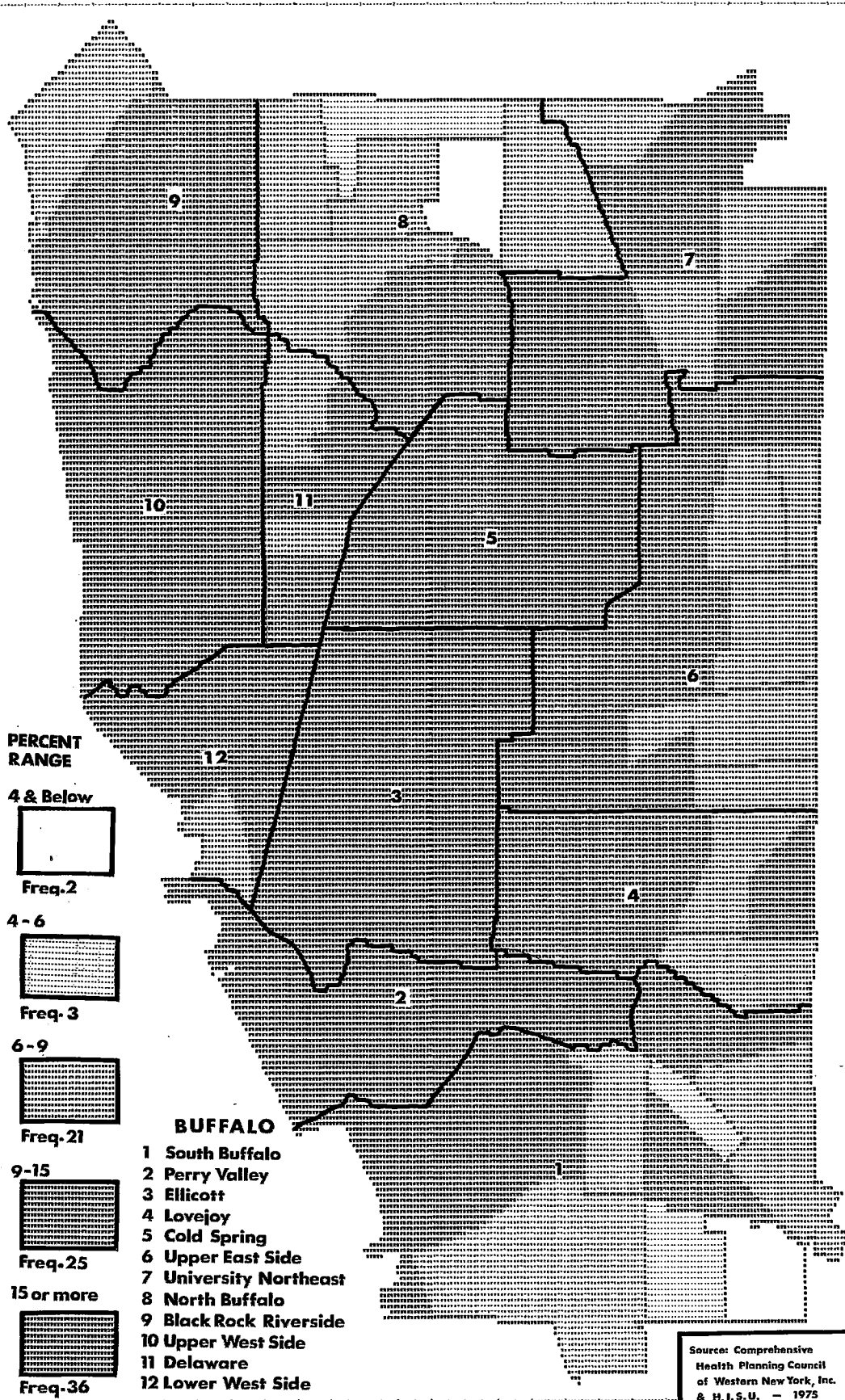
** Source: 1970 U.S. Census of Population

FIGURE E-4
PERCENT PERSONS BELOW POVERTY LEVEL — ERIE COUNTY



Source: Appendix A, Table E-3 in text

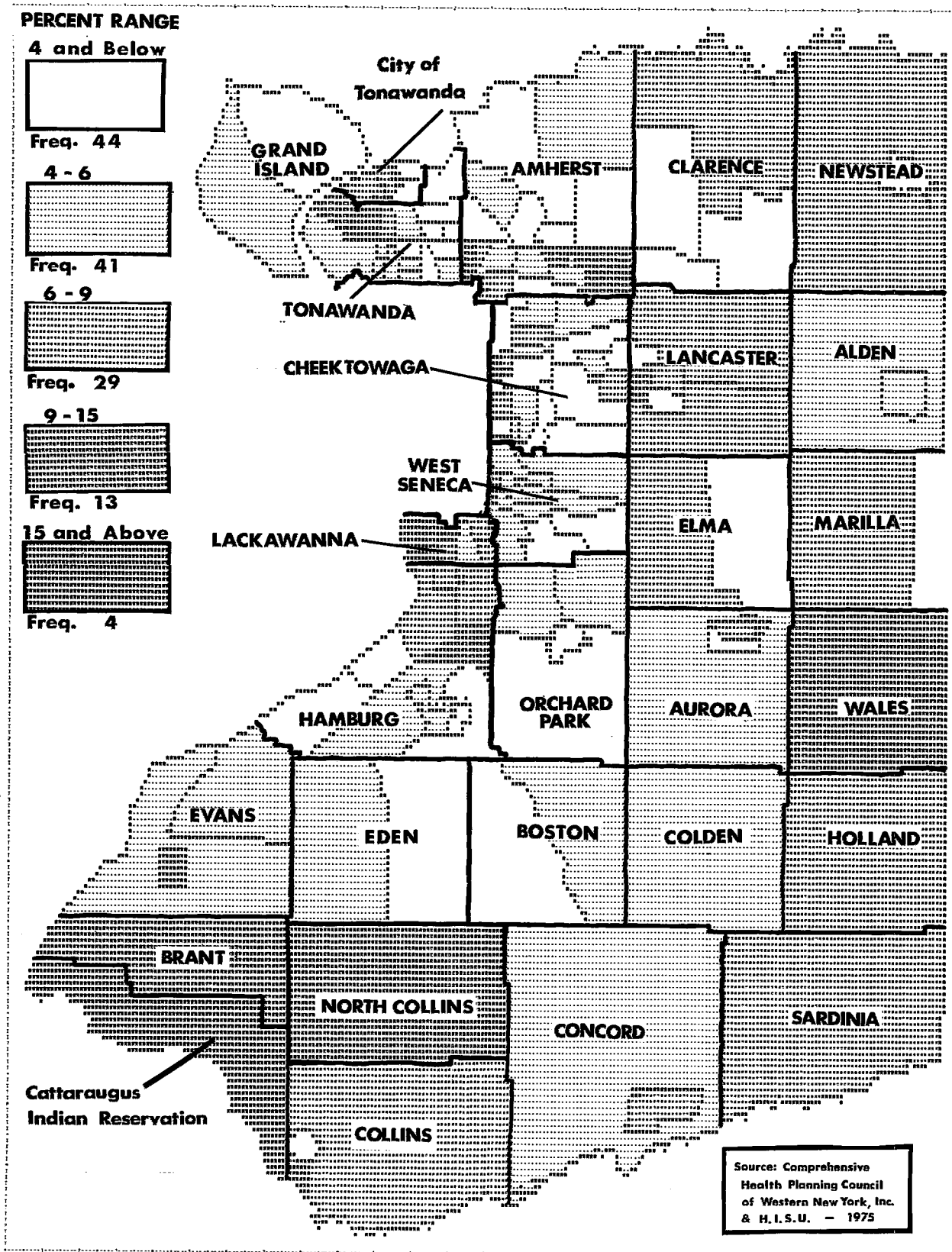
FIGURE B-4
PERCENT PERSONS BELOW POVERTY LEVEL — BUFFALO



Source: Appendix A, Table E-3 in text

FIGURE EXB -4

PERCENT PERSONS BELOW POVERTY LEVEL — ERIE COUNTY EXCLUDING BUFFALO



Source: Appendix A, Table E-3 in text

PRIMARY CARE PHYSICIANS/1,000 POPULATION

Primary health care as we noted earlier has been defined as the kind of health care that most people need most of the time. It is most often obtained in a physician's office, a neighborhood health center or a hospital outpatient department and offers an entry point to personal health problems of a medical, emotional and social nature. It provides continuous and immediate care (not requiring a specialty level of expertise) with triage, coordination, referral to secondary and tertiary resources, and follow-up.

Though primary health care is usually associated with the role of the general practitioner, the above definition includes for purposes of this report, as well the role of the obstetrician/gynecologist, pediatrician, family practitioner, internist and doctor of osteopathy.

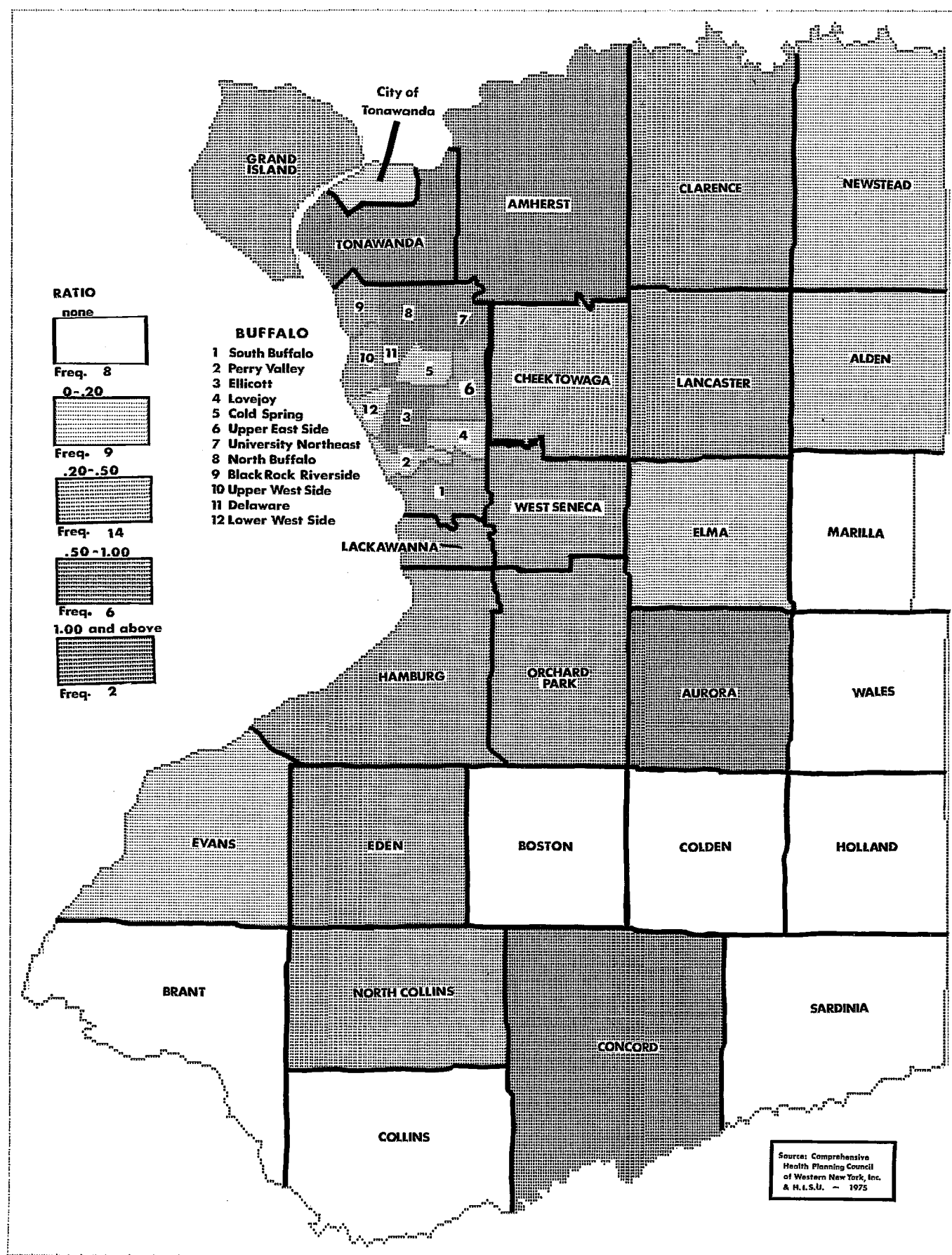
Figures E-5, B-5 and EXB-5 illustrate the availability of primary care physicians per 1,000 available in each of the 39 enumerated areas in Erie County. The ratio for the county as a whole is 0.49 primary care physicians per 1,000 population.

The darker the area in Figures E-5, B-5 and EXB-5, the greater the number of physicians in relation to the population. Recognizing that, by the definition of primary care, physicians in General or Family Practice, Osteopathy and in Internal Medicine, Pediatrics and Obstetrics/Gynecology are our most fundamental resources, considerable attention has directed to this area. As can be seen in the following presentations, primary care physician resources are unevenly distributed across neighborhoods, towns and cities of Erie County in relation to population. The primary care physician/population ratios range from a high of 5.5 in the Delaware area of the City of Buffalo to areas in which no primary care physicians are located. Areas in which there are none include: Boston, Brant, Colden, Collins, Holland, Marilla, Sardinia and Wales.

Within the county the availability of primary care physicians to population highlights further inequities in distribution. The following communities have a ratio of primary care physicians to population which is less than 1 to 3,000: Elma, Lovejoy, lower West Side, City of Tonawanda, Newstead, Cold Spring, Perry Valley, Evans, Alden, South Buffalo, Black Rock/Riverside and Cheektowaga.

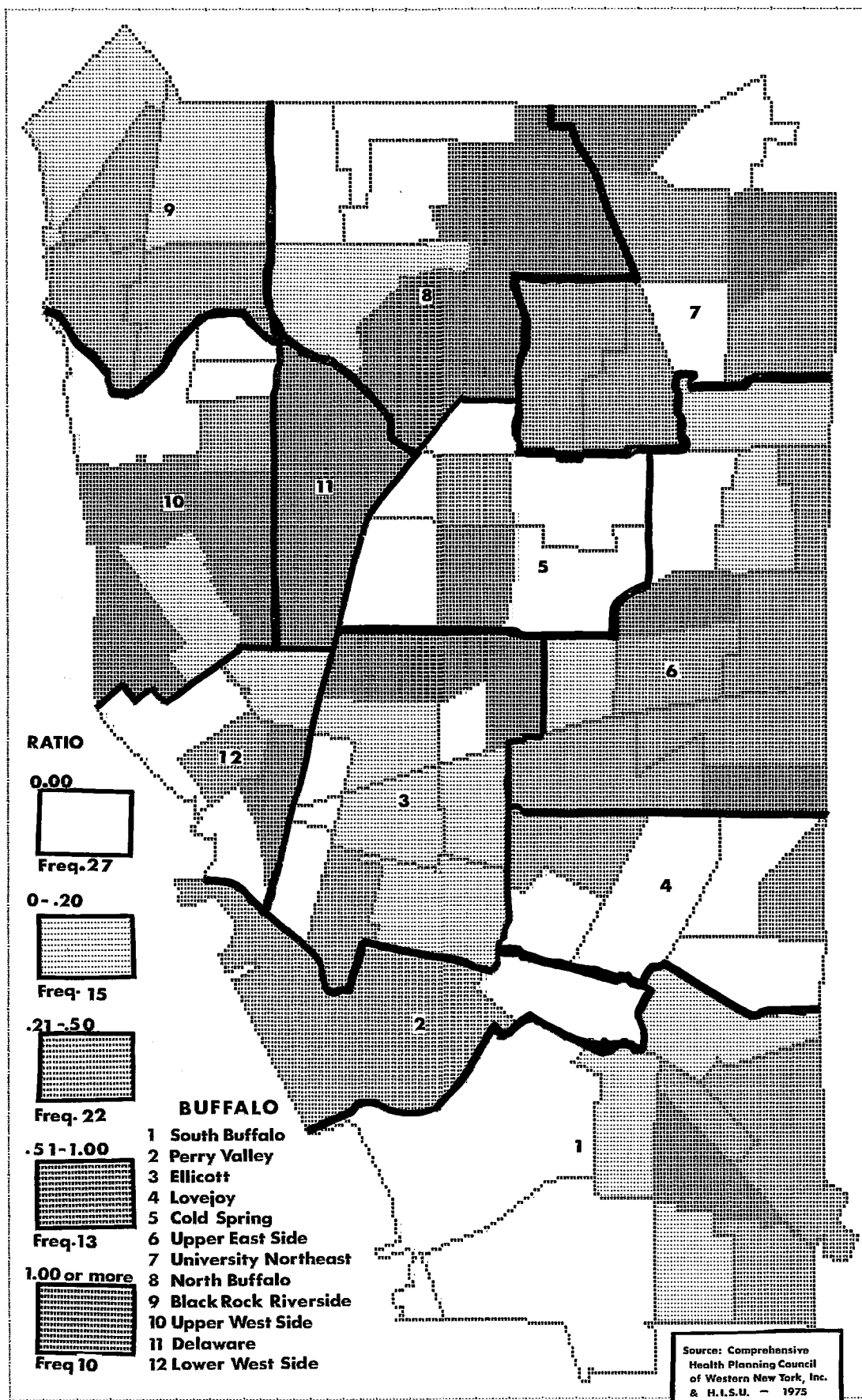
The availability of primary care physicians within each geographic community should be viewed in conjunction with resources available in contiguous areas, access to personal and public transportation, size and age of population, and the health and economic status of the community before conclusions can be drawn.

FIGURE E-5
PRIMARY CARE PHYSICIANS PER 1000 POPULATION - ERIE COUNTY



Source: Table E-3 in text

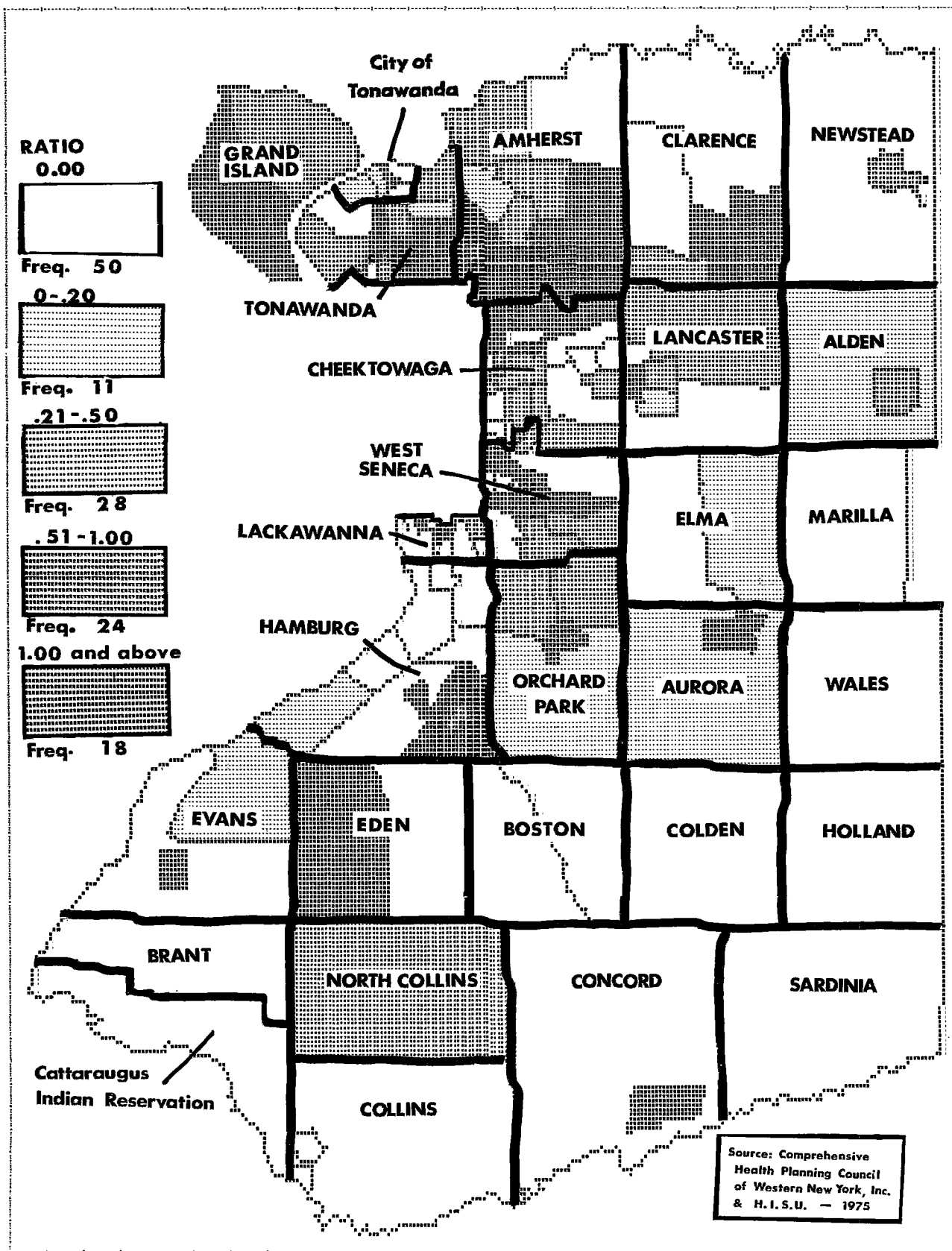
FIGURE B-5
PRIMARY CARE PHYSICIANS PER 1000 POPULATION - BUFFALO



Source: Appendix A, Table 1

FIGURE EXB - 5

**PRIMARY CARE PHYSICIANS PER 1000 POPULATION
ERIE COUNTY EXCLUDING BUFFALO**



Source: Appendix A, Table 1

Primary Care Physician Age, Distribution, Productivity and Mode of Practice

The average age of primary care physicians in Erie County is 51.9 years. Detailed information by city, neighborhood and townships on primary care physicians over 60 years old is provided in Section VI. It is noteworthy that 50% of the physicians in seven of the twelve neighborhoods within the City of Buffalo are over 60 years of age.

The number of patients seen by physicians during the year range from below 2,000 to a high well above 10,000. There is no possible means of describing physician productivity any more specifically than this.* Modern group practice situations using physician extenders, innovative clinical protocols and modern management techniques, have the potential to deliver over 15,000 patient visits per physician per year, but such groups are not common in Western New York.

Only a small percentage of these physicians are presumed to be practicing in any mode other than solo practice. A few physicians have hospital based practices, and while no information exists on the number of primary care physicians in group practices, the multi-specialty group practice built around the delivery of primary care is rare in Western New York.

INDICES OF MEDICAL UNDERSERVICE

For many years researchers, planners and statisticians in the health sciences have been searching for a valid and reliable, but simple, index or measure of need for health care services. To date, no consensus has been reached on the clear superiority of any of the solutions that have been proposed. There has, however, been developed within the U.S. Department of Health, Education and Welfare, a measure of need for services that appears valid, reliable and simple. This measure is known as the Index of Medical Underservice.** The Index of Medical Underservice (IMU) allows simultaneous consideration of important variables that individually describe demographic and socioeconomic factors, health status and health care resources. The individual variables are combined in a formula which assigns values to the individual variables according to their importance in identifying medical underservice. This formula incorporates both supply and demand notions. In the computations of this Index of Medical Underservice (IMU), availability of primary care physicians per 1,000 population, proportion of people below the poverty level, percent of people over 65 years of age, and average infant mortality rates are combined in a formula which yields an index value between 0 and 100, where 0 would represent the severest underservice and 100 adequate service. The index has been computed for each of

* Source: This information is based on estimates of physician productivity obtained from the Center for Health Services Research and Development, American Medical Association. Two Western New York estimates have been derived for institutional care in Appendix B.

** Source: See Appendix B for further discussion of the Index and the use CHPC has made of it.

the 39 units in Erie County and is displayed in Figures E-6, B-6 and EXB-6. Again Appendix A has this data in tabular form. This allows comparison and directs attention to areas of relative need. Albeit a rough measure, it is the best tool developed to date and is offered here as a first cut measure of resources and needs. (Also see Table E-3.)

The county as a whole has an Index of Medical Underservice of 72.7.

In general, the Indices of Medical Underservice which result from this calculation appear reliable - when calculated for areas of which we have general or intuitive knowledge, the index value agrees with what we would suspect.

The Index of Medical Underservice (IMU) is calculated using the formula below:

$$IMU = V_1 + V_2 + V_3 + V_4$$

where

V_1 = assigned value for % population below poverty level

V_2 = assigned value for % population aged 65 and over

V_3 = assigned value for infant mortality rate averaged over the five year period 1969 - 1973

V_4 = assigned value for primary care physicians per 1,000 population*

The Index of Medical Underservice can be applied to any geographic area for which the variables that make it up can be obtained. The smallest unit is the census tract and the indices for the census tracts of Erie County are displayed in Figures B-6 and EXB-6. Comparative differences in the values are displayed by various degrees of shading from light to dark.

It is, however, necessary to caution against the assignment of priority for new services solely according to differences in the way individual census tracts, neighborhoods, and/or towns are shaded. Primary health care and human services should address service areas of appropriate size and need that may cross census tract and township boundaries. A town, neighborhood or census tract, for instance, that has few physicians and appears underserved may be near enough to another that has many so that it should be considered as part of a service area larger than itself. Likewise, areas with a low index of medical underservice that lie along county boundaries should be viewed in relation to adjacent areas in other counties. Areas of need or attention that are either census tracts, neighborhoods or

* Primary care physicians are those in the practice of Internal Medicine, Pediatrics, General Practice, Family Practice, Obstetricians/Gynecologists, General Surgeons who do not limit their practice to surgery and Doctors of Osteopathy.

townships are not equivalent to soundly determined service areas.

Neighborhoods and towns which fall below the county wide median of 70.5 on the Index of Medical Underservice are:

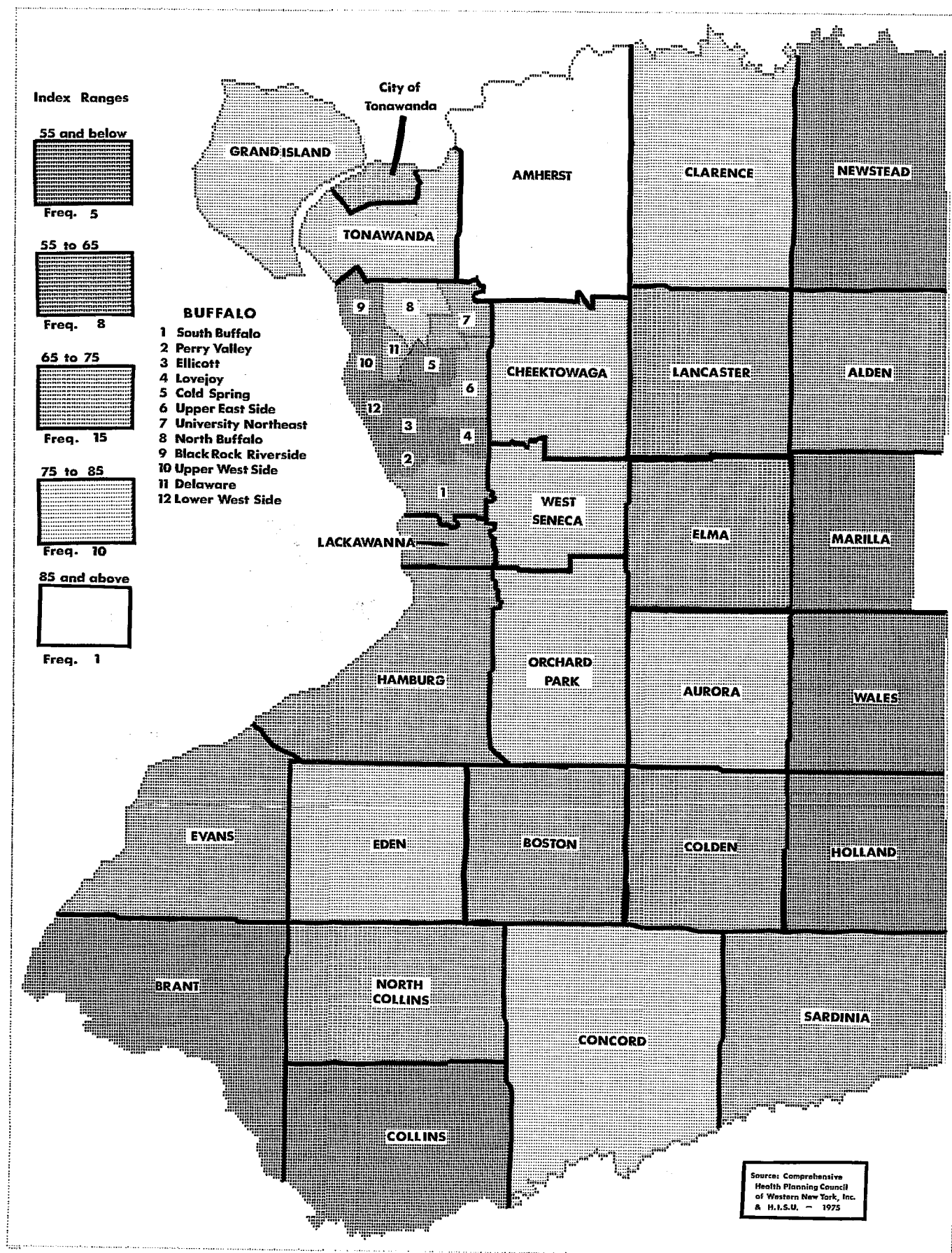
| | |
|--------------------------|------|
| 1. Lower West Side | 39.2 |
| 2. Cold Spring | 46.5 |
| 3. Ellicott | 47.9 |
| 4. Collins | 52.3 |
| 5. Brant | 53.2 |
| 6. Wales | 58.0 |
| 7. Holland | 58.8 |
| 8. Perry Valley | 60.2 |
| 9. Marilla | 60.8 |
| 10. Lovejoy | 61.5 |
| 11. Black Rock/Riverside | 63.3 |
| 12. Newstead | 63.5 |
| 13. Upper West Side | 63.8 |
| 14. Elma | 65.7 |
| 15. Upper East Side | 66.0 |
| 16. Alden | 66.8 |
| 17. South Buffalo | 68.7 |
| 18. Lackawanna | 69.5 |

Federal standards and regulations published pursuant to P.L. 93-222 (The Health Maintenance Organization Act of 1973) have indicated that areas below 65 on the Index are medically underserved. For local planning considerations communities below the county wide median have also been included for scrutiny in the determination of priority designations.

The resulting value for a given area (census tract, minor civil division, county, region) is a number between 0 and 100, with values near the top of the scale (100) generally indicating an adequately served area and values near the bottom of the scale generally indicating an underserved area. Ranges for display purposes may vary, but in this report they are presented in the following breaks:

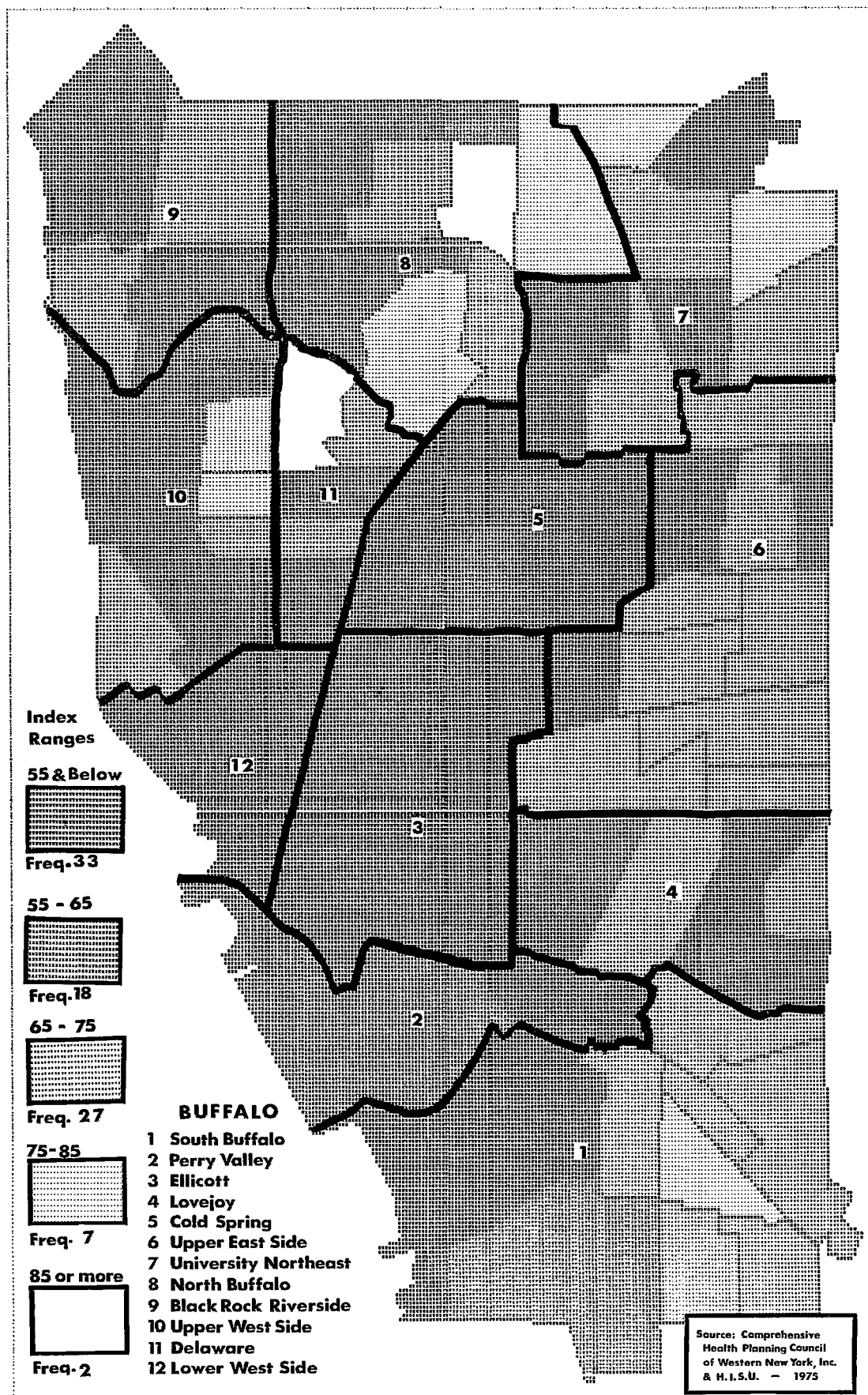
- values less than 55.0
- values equal to or greater than 55.0 but less than 65.0
- values equal to or greater than 65.0 but less than 75.0
- values equal to or greater than 75.0 but less than 85.0
- values equal to or greater than 85.0

FIGURE E-6
INDEX OF MEDICAL UNDERSERVICE - ERIE COUNTY



Source: Table E-3 in text

FIGURE B-6
INDEX OF MEDICAL UNDERSERVICE — BUFFALO



Source: Appendix A, Table 1

FIGURE EXB-6
INDEX OF MEDICAL UNDERSERVICE
ERIE COUNTY EXCLUDING BUFFALO

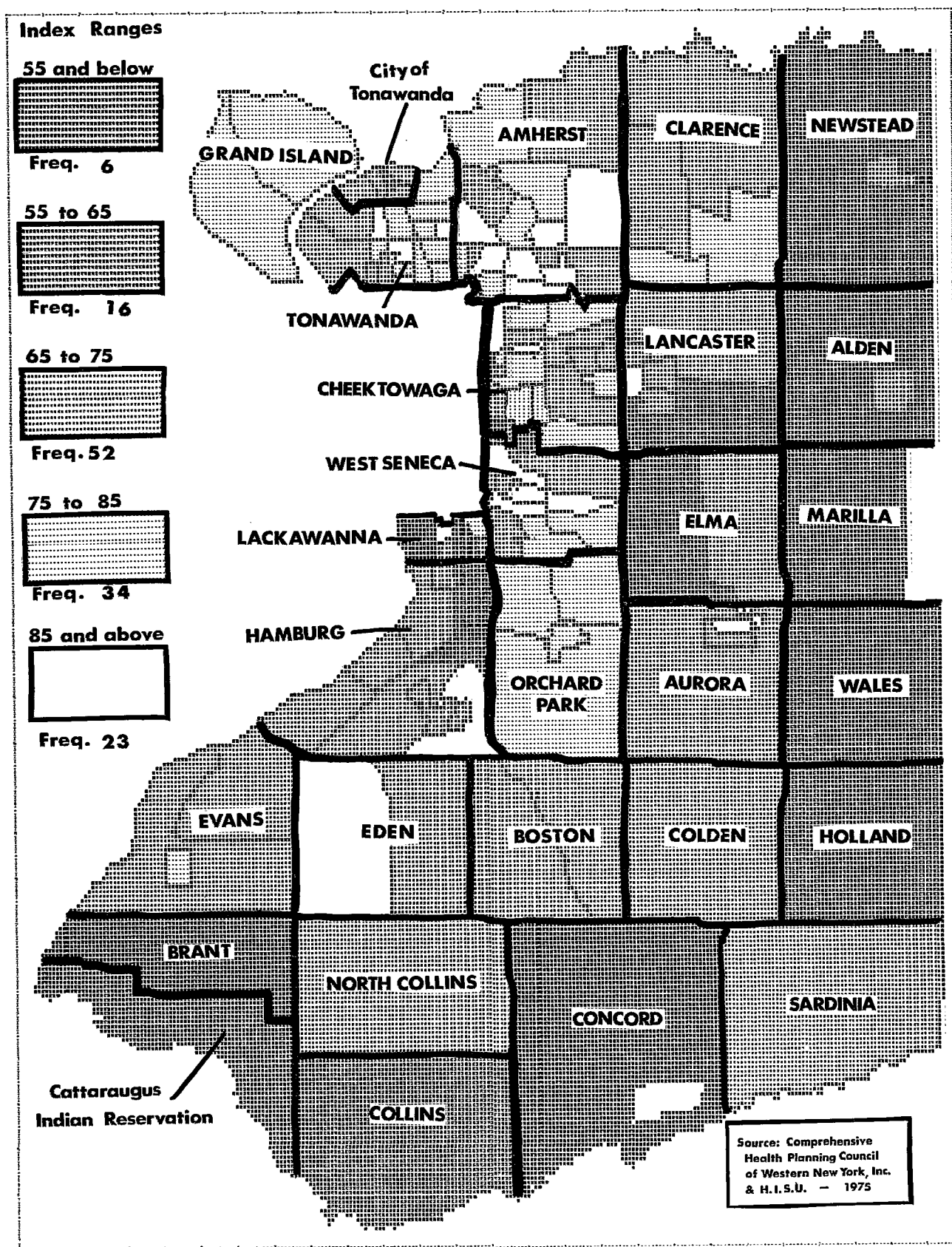


Table E-3

INDEX OF MEDICALLY UNDERSERVED
FRIF CO.

| NEIGHBORHOOD OR TOWN NAME | TOTAL POP. | NO. OF P.C.P. W/ADDRESS ALLOCATION | RATIO: P.C.P./ 1000 POP. | VASC | 5 YR. TOTAL OF INFANT DEATHS | TOTAL LIVE BIRTHS | 5 YR. AVG. INFANT MORT./1000 LIVE BIRTHS | % POV. | % 65+ | WIMU |
|---------------------------------|---------------|---|-----------------------------------|------|---------------------------------------|-------------------------|---|-----------|----------|------|
| SOUTH BUFFALO | 49559 | 13.0 | .26 | 9.8 | 79 | 4095 | 19.3 | 7.3 | 10.9 | 68.7 |
| PERRY VALLEY | 5571 | 1.0 | .17 | 7.6 | 10 | 463 | 21.6 | 15.8 | 8.9 | 60.2 |
| ELLICOTT | 54451 | 35.5 | .65 | 18.7 | 179 | 5260 | 34.0 | 32.5 | 10.5 | 47.9 |
| UPPER EAST SIDE | 71716 | 23.0 | .32 | 10.9 | 112 | 5371 | 20.8 | 11.0 | 14.6 | 66.0 |
| LOVEJOY | 17001 | 2.0 | .11 | 6.8 | 30 | 1336 | 22.4 | 9.9 | 10.7 | 61.5 |
| COLD SPRING | 51798 | 8.5 | .16 | 7.6 | 156 | 5033 | 31.0 | 21.2 | 8.2 | 46.5 |
| UNIVERSITY/NORTHEAST | 49388 | 32.0 | .64 | 18.7 | 61 | 3170 | 19.2 | 11.5 | 16.9 | 72.3 |
| NORTH BUFFALO | 41831 | 33.0 | .78 | 21.3 | 42 | 2795 | 15.0 | 7.2 | 15.9 | 82.4 |
| BLACK ROCK/RIVERSIDE | 31065 | 8.5 | .27 | 9.8 | 53 | 2404 | 22.0 | 10.6 | 12.0 | 63.3 |
| UPPER WEST SIDE | 56834 | 22.0 | .38 | 12.0 | 87 | 4114 | 21.1 | 15.6 | 13.0 | 63.8 |
| LOWER WEST SIDE | 18684 | 2.5 | .13 | 6.8 | 43 | 1586 | 27.1 | 28.7 | 16.8 | 39.2 |
| DELAWARE | 14763 | 75.8 | 5.13 | 24.0 | 16 | 952 | 16.8 | 11.3 | 24.9 | 70.5 |
| BUFFALO TOTAL | 462661 | 256.8 | .55 | 16.2 | 868 | 36579 | 23.7 | 15.2 | 13.2 | 65.5 |
| ALDEN | 9787 | 2.0 | .20 | 7.6 | 12 | 622 | 19.3 | 5.6 | 13.2 | 66.8 |
| AMHERST | 93929 | 79.6 | .84 | 21.7 | 79 | 5635 | 14.0 | 4.9 | 8.2 | 86.8 |
| AURORA | 14426 | 10.0 | .69 | 19.5 | 17 | 1002 | 17.0 | 4.8 | 9.5 | 82.4 |
| BOSTON | 7158 | 0.0 | 0.00 | 4.9 | 5 | 449 | 11.1 | 4.0 | 5.4 | 73.6 |
| BRANT | 3779 | 0.0 | 0.00 | 4.9 | 5 | 194 | 25.8 | 15.3 | 7.9 | 53.2 |
| CHEEKTOWAGA | 113844 | 34.0 | .29 | 9.8 | 121 | 8949 | 13.5 | 4.4 | 6.4 | 76.0 |
| CLARENCE | 18168 | 7.0 | .38 | 12.0 | 14 | 951 | 14.7 | 3.1 | 7.0 | 78.3 |
| COLDEN | 3020 | 0.0 | 0.00 | 4.9 | 2 | 229 | 8.7 | 4.3 | 7.2 | 73.8 |
| COLLINS | 6400 | 0.0 | 0.00 | 4.9 | 6 | 318 | 18.9 | 7.6 | 23.5 | 52.3 |
| CONCORD | 7573 | 9.0 | 1.18 | 23.9 | 15 | 627 | 23.9 | 6.5 | 10.5 | 78.3 |
| EDEN | 7644 | 3.0 | .39 | 12.0 | 2 | 533 | 3.8 | 4.7 | 7.5 | 80.9 |
| ELMA | 10011 | .5 | .04 | 5.2 | 11 | 567 | 19.4 | 5.0 | 6.7 | 65.7 |

75/04/01

Table E-3 INDEX OF MEDICALLY UNDERSERVED
ERIE CO.

| NEIGHBORHOOD OR TOWN NAME | TOTAL POP. | NO. OF P.C.P. W/ADDRESS ALLOCATION | PATD. P.C.P./ 1000 POP. | V4SC | 5 YR. TOTAL DEATHS | 5 YR. TOTAL LIVE BIRTHS | 5 YR. AVG. INFANT MORT./1000 LIVE BIRTHS | % POV. | % 65+ | WIMU |
|---------------------------------|---------------|---|----------------------------------|------|-----------------------|----------------------------|---|-----------|----------|------|
| EVANS | 14570 | 3.0 | .20 | 7.6 | 14 | 1125 | 12.4 | 6.5 | 8.4 | 73.3 |
| GRAND ISLAND | 13977 | 7.0 | .50 | 14.7 | 15 | 1131 | 13.3 | 4.1 | 4.3 | 80.9 |
| HAMBURG | 47644 | 16.5 | .34 | 10.9 | 66 | 3479 | 19.0 | 4.6 | 7.4 | 72.3 |
| HOLLAND | 3140 | 0.0 | 0.00 | 4.9 | 6 | 257 | 23.3 | 8.3 | 8.7 | 58.8 |
| LACKAWANNA | 28657 | 10.5 | .36 | 12.0 | 54 | 2572 | 21.0 | 9.8 | 7.5 | 69.5 |
| LANCASTER | 30634 | 9.5 | .31 | 10.9 | 40 | 2227 | 18.0 | 6.2 | 8.3 | 72.1 |
| MARILLA | 3250 | 0.0 | 0.00 | 4.9 | 6 | 256 | 23.4 | 5.9 | 7.5 | 60.8 |
| NEWSTEAD | 6338 | 1.0 | .15 | 6.8 | 9 | 410 | 21.9 | 6.4 | 10.9 | 63.5 |
| NORTH COLLINS | 4090 | 2.0 | .48 | 14.7 | 5 | 322 | 15.5 | 13.3 | 7.6 | 74.9 |
| ORCHARD PARK | 19978 | 9.0 | .45 | 13.3 | 18 | 1289 | 14.0 | 3.8 | 7.4 | 80.3 |
| SARDINIA | 2505 | 0.0 | 0.00 | 4.9 | 2 | 230 | 8.7 | 6.3 | 8.1 | 72.7 |
| TONAWANDA CITY | 21898 | 3.0 | .13 | 6.8 | 17 | 1338 | 12.7 | 7.1 | 8.9 | 72.5 |
| TONAWANDA TOWN | 107282 | 63.5 | .59 | 17.6 | 92 | 6137 | 15.0 | 4.1 | 8.5 | 82.7 |
| WALES | 2617 | 0.0 | 0.00 | 4.9 | 6 | 256 | 23.4 | 10.7 | 7.2 | 58.0 |
| WEST SENECA | 48404 | 23.0 | .47 | 14.7 | 41 | 3514 | 11.7 | 4.3 | 6.5 | 82.5 |
| TOTAL | 1113384 | 549.9 | .49 | 14.7 | 1548 | 81198 | 19.1 | 9.3 | 10.1 | 72.7 |

Percentage of Households without Automobiles

A factor in planning for primary health and related human services is accessibility. One measure of accessibility is the availability of personal transportation. The absence of the capability may result in dependence upon the availability of public transportation or require close proximity of services provided within walking distance of this population.

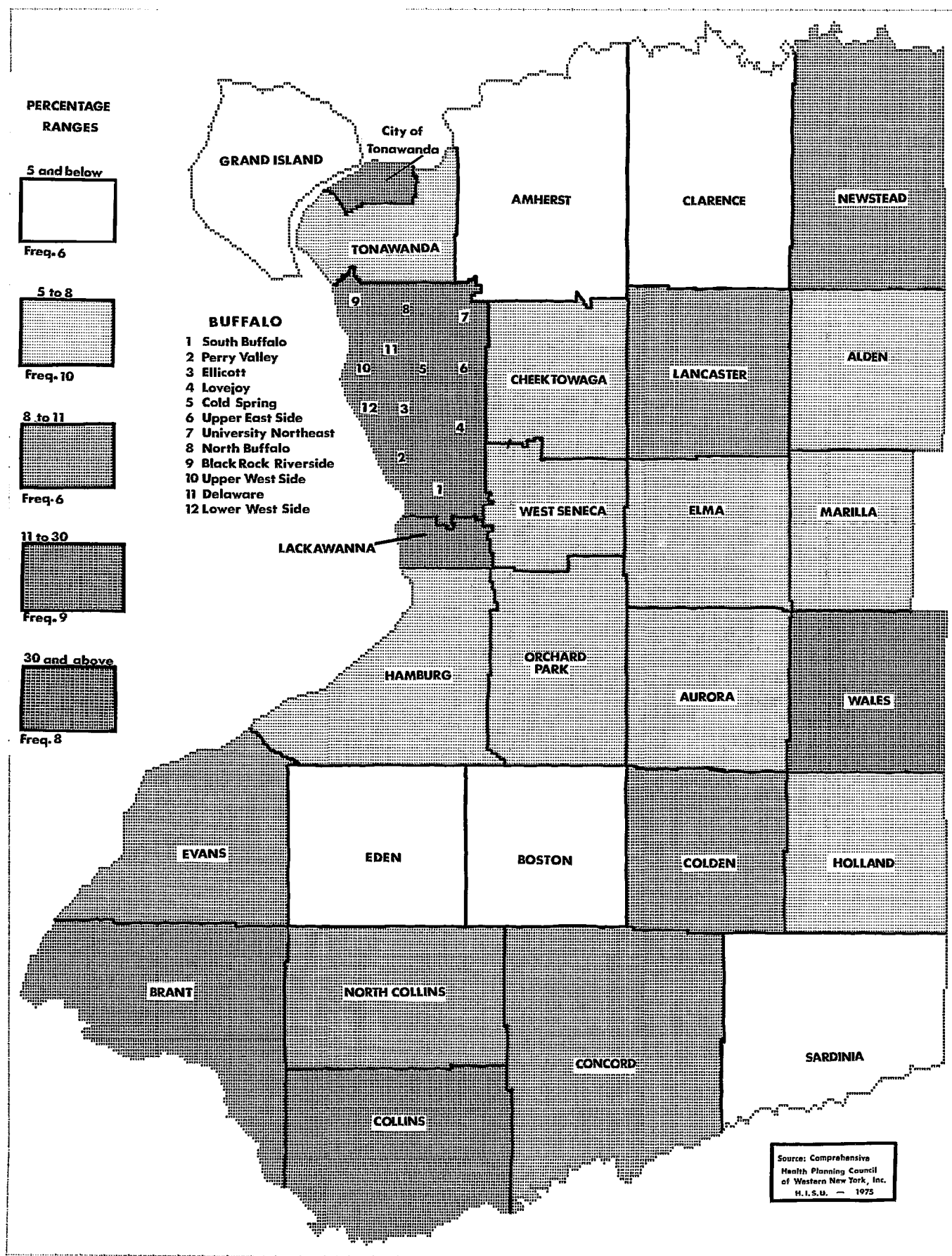
Figures E-7, B-7 and EXB-7 presents the percentages of families for each of the 39 enumerated townships and neighborhoods in Erie County without automobiles.

Appendix E details current public transportation services and planned routes of the Niagara Frontier Transportation Authority.

The highest concentration of households without automobiles is found within the City of Buffalo and Lackawanna. More than 60% of the Ellicott and Lower West Side households are without automobiles. Over 30% of the households in Perry Valley, Upper East Side, Lovejoy, Black Rock/Riverside, Upper West Side and Delaware neighborhoods, lack automobiles. 25% of the households within the City of Lackawanna lack automobiles. (See Appendix A, Table 2 for further detailed information.)

*How about
form vehicles?*

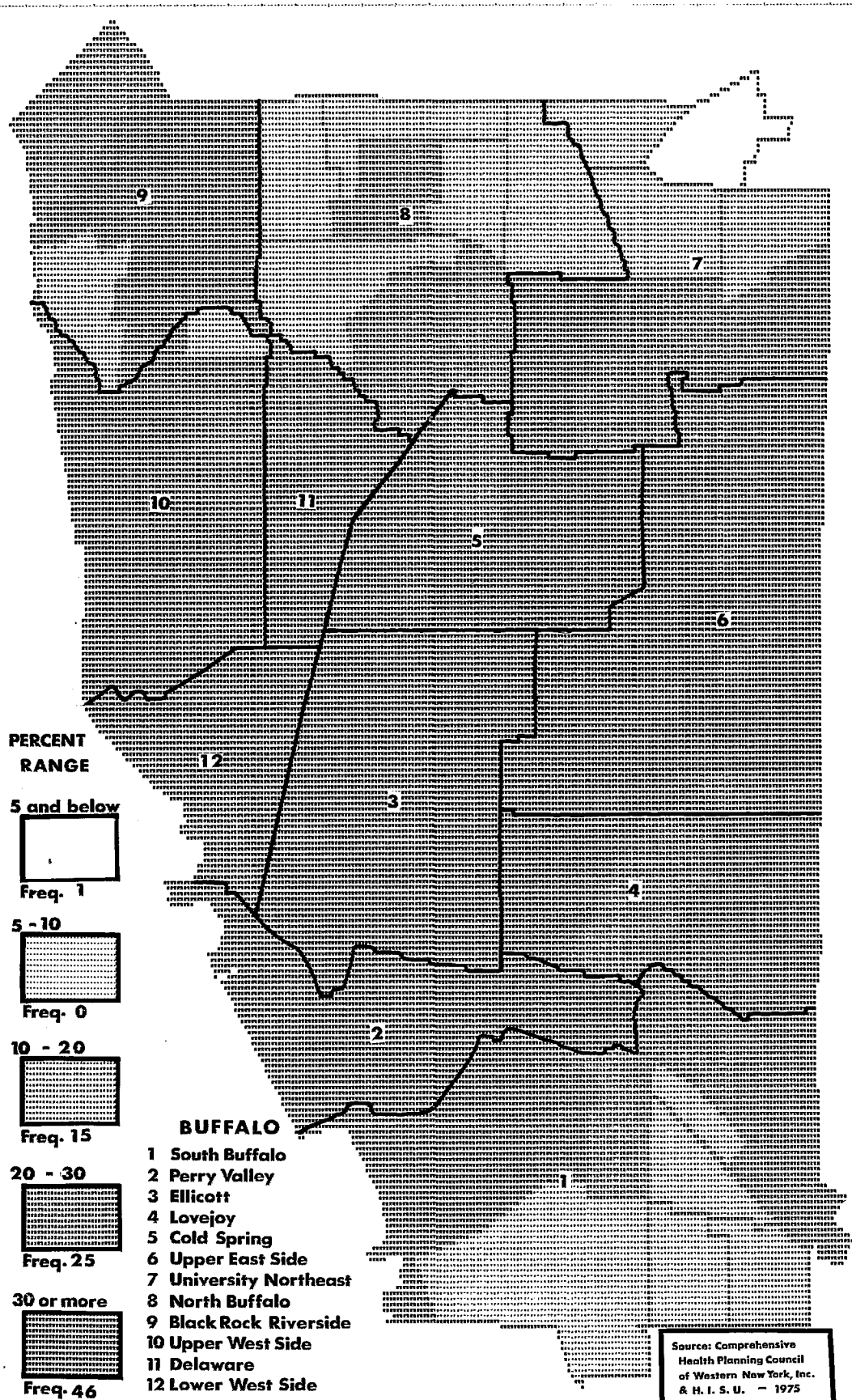
FIGURE E-7
PERCENT HOUSEHOLDS WITHOUT AUTOS - ERIE COUNTY



Source: Appendix A, Table 2

FIGURE B-7

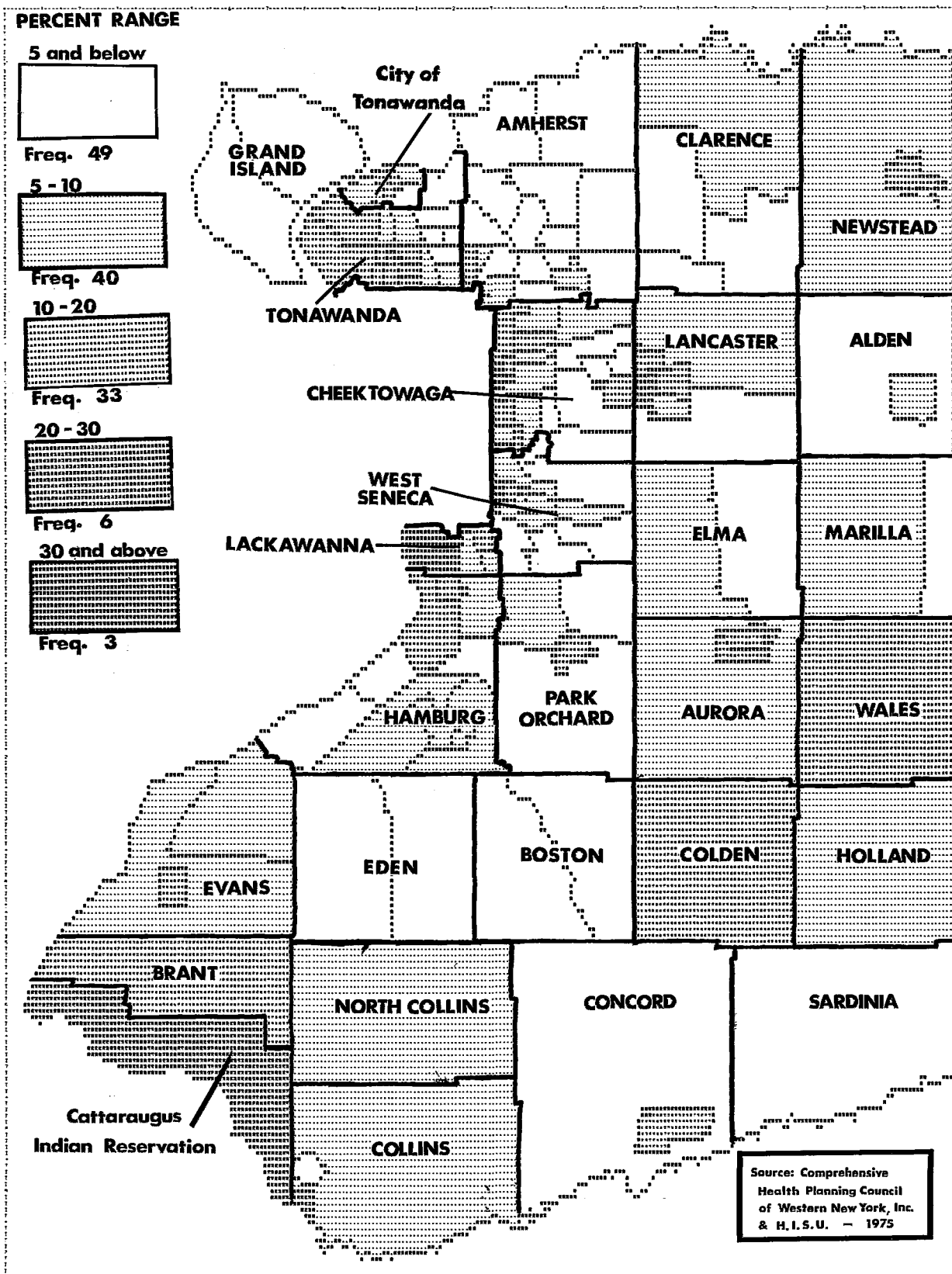
PERCENT HOUSEHOLDS WITHOUT AUTOS - BUFFALO



Source: Appendix A, Table 2

FIGURE EXB-7

ERIE COUNTY PERCENT HOUSEHOLDS WITHOUT AUTOS - EXCLUDING BUFFALO



Source: Appendix A, Table 2

Emergency Room Usage

The 1973 study of Emergency Departments in Erie County by the Erie County Department of Health's Bureau of Emergency Medical Services found that hospital emergency rooms are a major source of non-acute ambulatory care in Erie County. Of the patients seen in the emergency rooms in Erie County hospitals, it is estimated that at least 50% of patients were using the emergency room for non-emergency or non-urgent care and therefore as a substitute for a true primary care setting.

Figures E-8, B-8 and EXB-8 present the percentage of emergency room users in each of the 39 enumerated communities in Erie County. Discussions with the hospitals in Erie County with organized outpatient departments have indicated that emergency room origins closely parallel their outpatient department patterns.

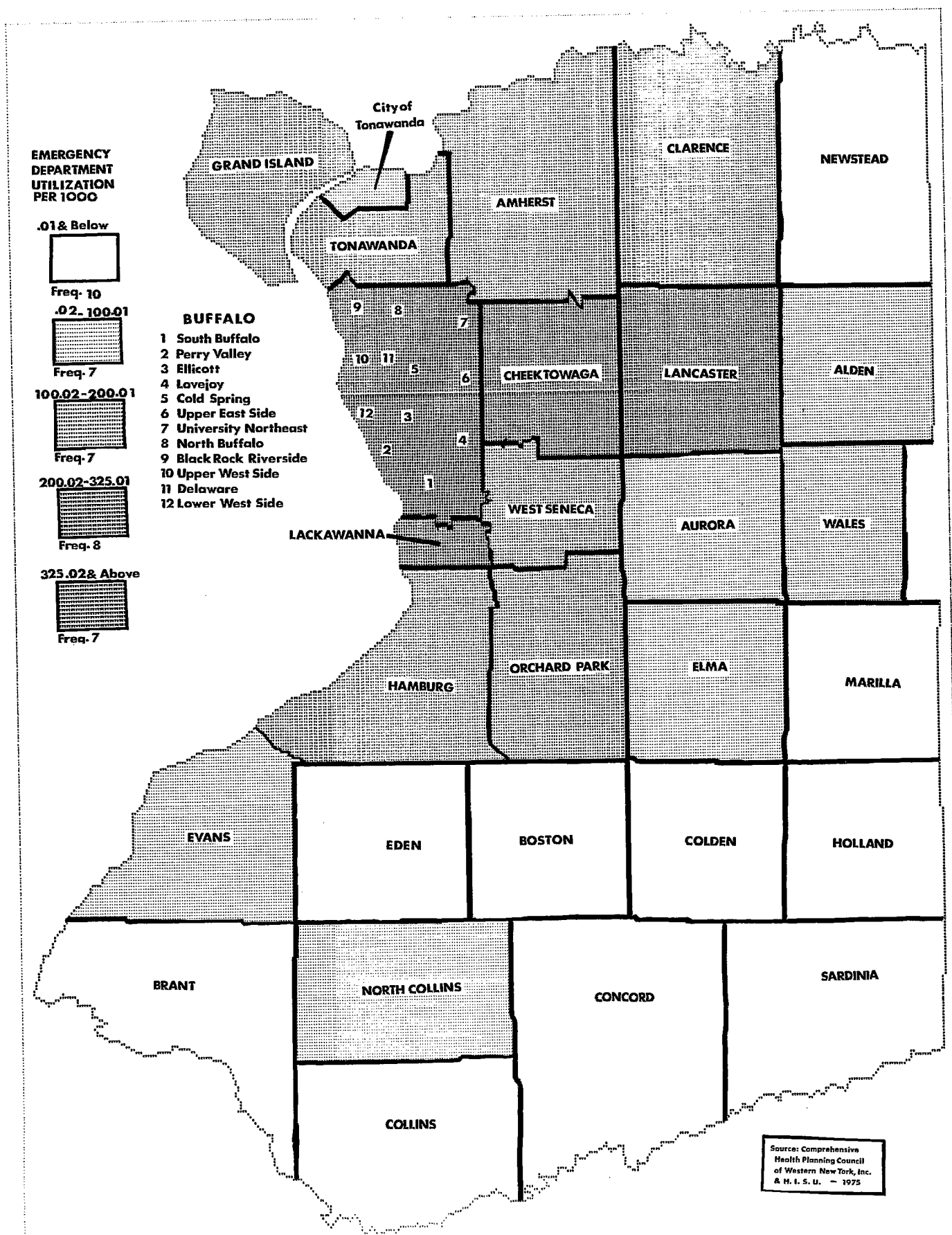
High inappropriate utilization of emergency rooms may represent in part, the lack of other sources of care in a community. Indeed the survey of emergency room patients indicated that 33% of the patients, did not have a family doctor. Race, education and income was also shown to be related to the patient's traditional source of care. Non-whites compared with whites, poor compared with rich families, and low compared with high education patients were less likely to receive their care from private physicians and much more likely to use the emergency department for routine health care. Only 36% of non-whites compared with 74% of whites had a private physician, while 26% of non-whites compared with 9% of whites used the emergency department as their regular sources of care.

The emergency health system is intricately a part of the total system. Indeed, it has been demonstrated that one of the problems with our current EMS system is that it has by default assumed the role as a major source of primary care for many communities particularly in Erie County. The reasons postulated for this increase in use of emergency room facilities are numerous:

1. The growing tendency for patients and physicians to view the hospital as a community health center for any form of care.
2. Changing patterns of medical practice. These include:
 - a. The decrease in the number of physicians in general practice in many urban and rural communities.
 - b. The lessened availability of doctors on evenings and weekends and for house calls.
 - c. Increased specialization that results in the patient not knowing which specialist to call.
 - d. The undersupply of physicians in depressed areas.
 - e. Substantial population mobility coupled with the lack of a regular family physician.

FIGURE E - 8

EMERGENCY ROOM VISITS PER 1000 POPULATION - ERIE COUNTY



Source: Appendix A, Table 3

FIGURE B - 8

EMERGENCY ROOM VISITS PER 1000 POPULATION - BUFFALO

EMERGENCY
ROOM
VISITS
PER 1000

120 & Below



Freq. 1

121-185



Freq. 1

186-250



Freq. 15

251-350



Freq. 29

351-1000



Freq. 38

1000 & Above



Freq. 3

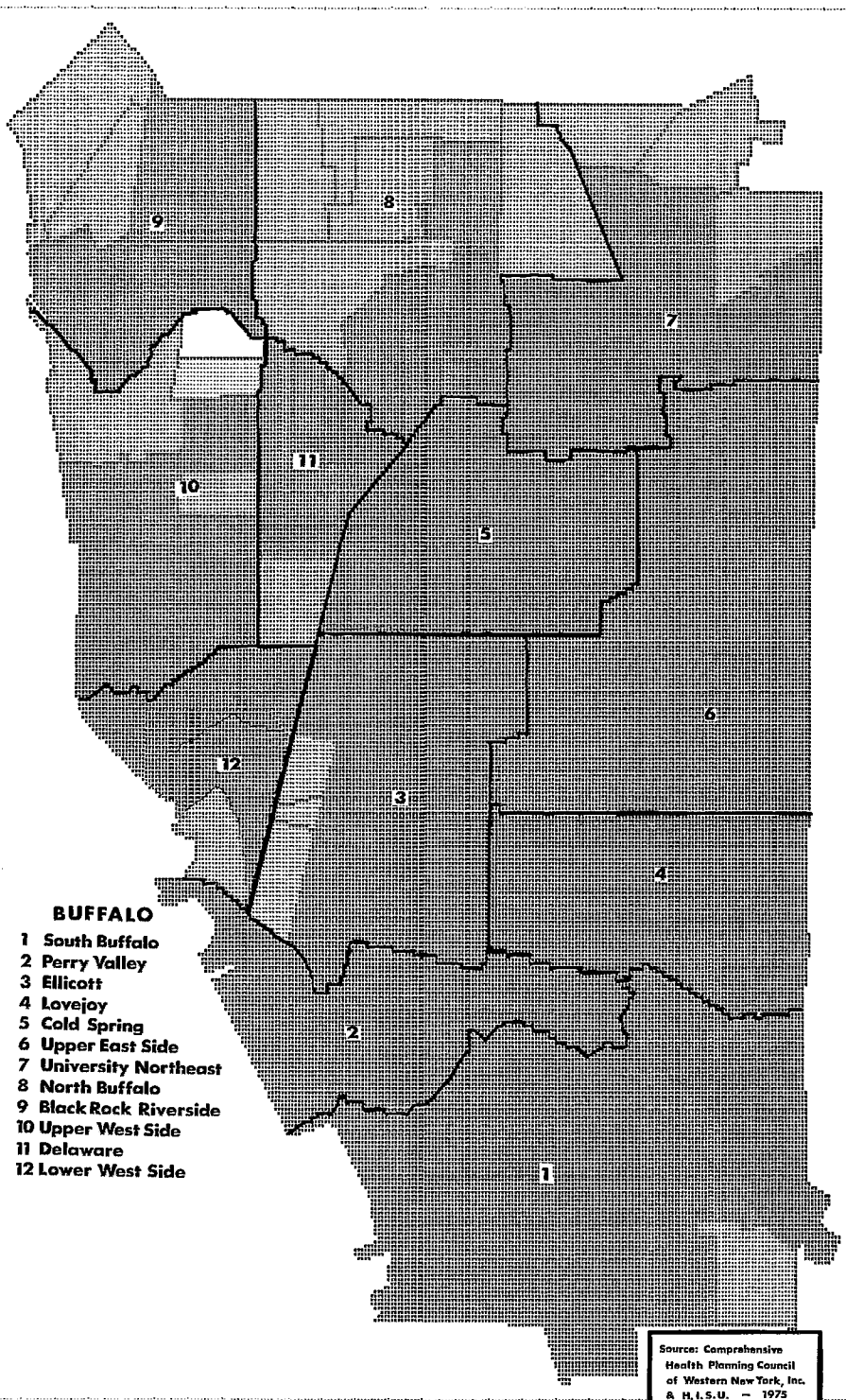
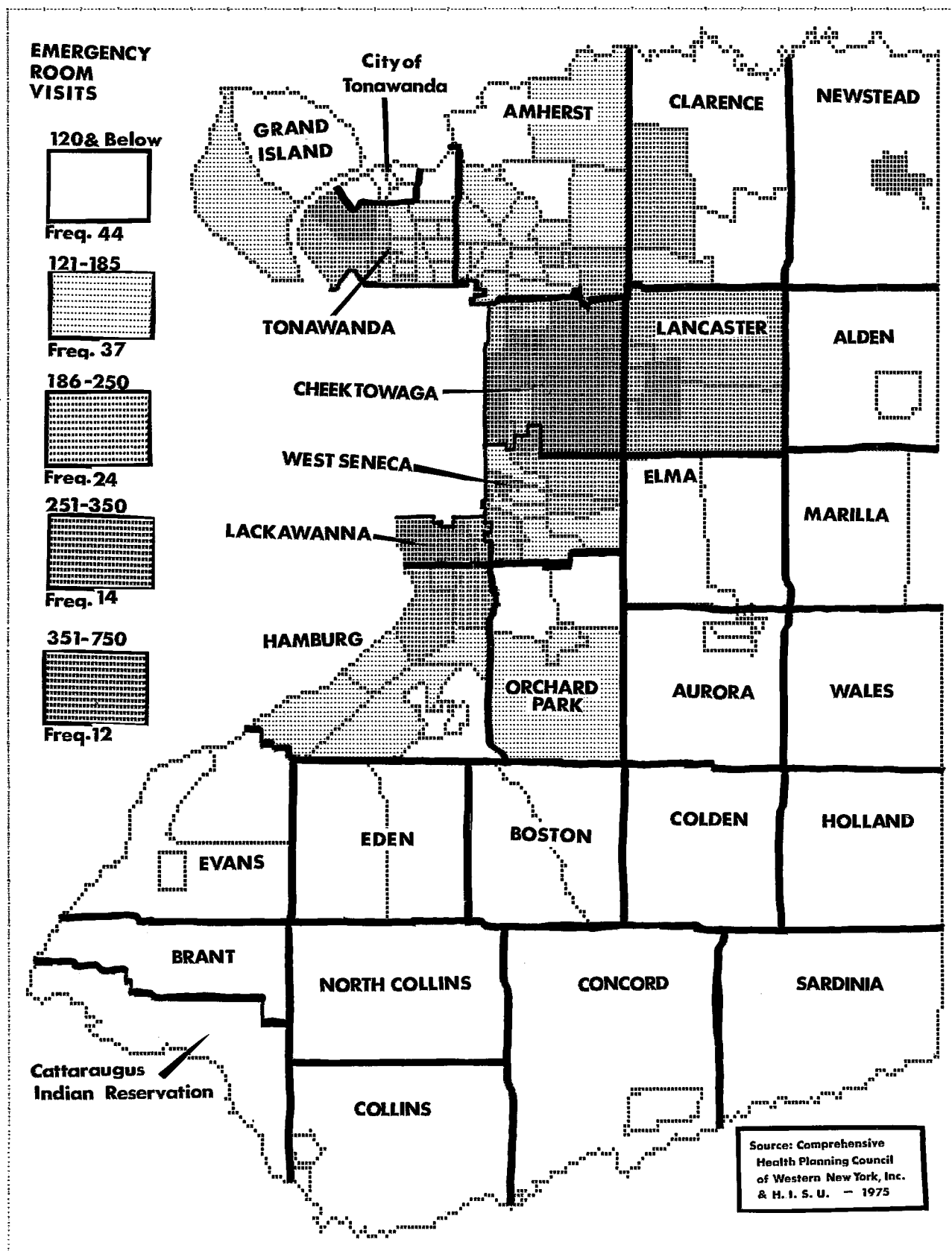


FIGURE EXB - 8
EMERGENCY ROOM VISITS PER 1000 POPULATION
ERIE COUNTY - EXCLUDING BUFFALO



Source: Appendix A, Table 3

Whatever the reasons for the prevailing situation, the problem is clear, over 50% of the emergency room patients are not emergencies and the hospitals are expected to serve unprecedented numbers of walk in patients in their emergency departments. The consequences are two fold:

1. Emergency rooms are not organized to provide primary care. Emergency rooms are organized to perform acute episodic care and are not designed to serve as the family physician.
2. The second consequence is the resultant inappropriate overloading of our emergency care capacity.

The average emergency room usage rate per 1,000 population in Erie County, based on a sample of 25,000 emergency room visits in 1971 and 1972 was 257. The following neighborhoods and towns evidenced usage rates above the county wide average. (See Appendix A. Table 3.)

| | | | |
|----------------|-----|----------------------|-----|
| Ellicot | 589 | University Northeast | 336 |
| Cold Spring | 565 | Upper Westside | 314 |
| Lower Westside | 521 | Upper Eastside | 308 |
| Perry Valley | 415 | Cheektowaga | 305 |
| Lovejoy | 376 | Lackawanna | 304 |
| South Buffalo | 362 | Black Rock/Riverside | 266 |

SECTION V - INSTITUTIONAL RESOURCES

ORGANIZED HOSPITAL OUT-PATIENT DEPARTMENTS AND HEALTH CENTERS

Organized Hospital Out-Patient Departments

Nine of the hospitals in Erie County maintain organized out-patient departments. Those hospitals are Buffalo General, Childrens, Deaconess, Emergency, E. J. Meyer, Mercy, Millard Fillmore, Sisters, and the Veterans Administration. At the present time, they are the only hospitals in Western New York with such services. In general, these out-patient departments have evolved from "Charity" clinics that provided free services to the poor and teaching opportunities for the staff. In most of the hospitals the bulk of the volume is accounted for by fragmented specialty clinics.

In a recent survey, conducted by the CHPC/WNY Regional Primary Care Plan Development Task Force, over 700 physicians were reported to be involved in some manner in the provision of Medical care in the 9 out-patient departments. Over 440 of the physicians reported were listed as interns or residents. Both of the preceding numbers (700 & 440) must represent double counting, i.e. many physicians must work at more than one out-patient department and were counted by each. Most important, however, only 168 could be classified as primary care physicians (by the definition used throughout this report) and only 17 of these were reported as spending more than 20 hours per week in the out-patient departments. Only 7 physicians were retained on salary specifically for service in the out-patient department. Much of the care is provided in teaching situations and through rotation schedules that make continuing physician-patient relationships difficult.

Clinic services specifically definable as primary care (such as family medicine, general medical, pediatrics and Ob-Gyn) are available about 600 hours per week in total from all institutions. This ranges from 20 hours per week for the smallest operation to 168 for the largest. Only one of the hospitals provides services more than 5 days per week and 8 hours per day. The total number of visits to the type of clinics mentioned above in 1973 was approximately 100,000. The total number of visits in 1973 for all out-patient services was about 270,000.

The cost of providing all out-patient services, including specialty clinics, was approximately \$11 million dollars in 1973 and approximately 1/2 of this amount is absorbed by the institutions themselves. In general, the services of the various out-patient departments are a valuable resource to the community but poorly organized and inefficient. They do not, in the aggregate, emphasize comprehensive primary care. The availability of primary care services is limited. Financial and administrative control is usually centralized in the hospitals total structure and traditionally these services have not received the degree of attention and commitment given to in-patient care.

Many of the nine institutions are in the process of evaluating out-patient services and developing plans. In response to a question seeking to determine whether or not hospitals (all in Erie County with or without out-patient departments) had plans to add or enlarge primary care services (as used in this report), all institutions responding, except Millard Fillmore and Sheridan Park, answered in the affirmative. St. Francis, Bertrand Chaffee

and E. J. Meyer did not respond to the questionnaire. With only a few exceptions, however, the most important questions were not answered adequately. Questions such as: what specific services would be added, at what times and locations, populations to be served, estimates of expected volumes, staffing patterns, timetables for implementation, space planned, and means of financing, were not adequately addressed. In an attempt to determine the commitment of the hospitals' Medical Staffs and Boards of Trustees, only a few were able to answer unqualifiably in the affirmative that "plans" for primary care services have been made with the awareness and the approval of both groups. Many institutions indicated that plans and commitments required much further study of needs and alternatives. Hopefully, the information contained herein will be of assistance.

For more information regarding the existing nine out-patient departments, please refer to separate report available upon request.

Erie County Health Department - Neighborhood Health Centers

For the year 1973, the same questions that were asked of the hospital out-patient departments were asked of the two neighborhood health centers then in existence. It must be noted, however, that they are not exactly comparable to the out-patient departments and grew out of expressions of community need with the intent of providing primary care (not teaching or specialty care) to defined population groups. The philosophies which created them were different from those which created and have guided the out-patient departments.

At the two health centers (Lackawanna and Jesse Nash), there are 45 physicians and dentists participating in the delivery of care. Three at Lackawanna Health Center are fulltime and 4 are fulltime at the Jesse Nash Health Center. The fulltime physicians are specialists in primary care, are salaried and assume responsibility for the care of most patients. The other physicians, who are parttime, are other specialists relied upon as needed. Fifteen of the physicians working at the health centers are salaried and 30 are compensated on the basis of fee for service. Extensive use of physician extenders is made and the team approach to care is employed.

The services of primary care that are comparable to those identified for the hospital out-patient departments, are available 122 hours per week at the Lackawanna Health Center and 112 hours per week at the Jesse Nash Health Center. These services are available for 8 to 12 hours during weekdays and 4 hours on Saturdays. In addition, there are other services necessary for primary care that are almost equally available. In 1973, the Lackawanna Health Center experienced approximately 20,000 patient visits for all services. In that same year, which was the first year of operation for the Jesse Nash Health Center (9 months only), the Nash experienced about 3,000 patient visits for all services.

The neighborhood health centers seem to be relied upon by many people in their target populations as their sole or primary source of care. Their missions are quite distinct from those of most hospitals.

B. CATEGORICAL HEALTH PROGRAMS - ERIE COUNTY HEALTH DEPARTMENT

The Erie County Health Department in addition to the operation of the Jesse E. Nash Community Health Center and the Lackawanna Health Center provides health services through a series of programs and clinics including the:

- Sickle Cell Program
- School Health Program
- Lead Detection and Prevention Program
- Maternal and Child Health Services
- The Maternity and Infant Care Project
- The Family Life Program
- Migrant Health
- Cattaraugus Indian Reservation
- Public Health Nursing
- Health Guide Program

Sickle Cell Program

Clinics to test individuals for the sickle cell trait began with a pilot program in May, 1973. The clinics are now being conducted each month at seven neighborhood locations in Buffalo and Lackawanna. The community responded well to the testing clinics and approximately 350 persons were tested monthly for sickle cell. Nearly 4,200 persons had been tested by the end of the year.

Post-testing counselling is viewed as an essential element of the program. All individuals found to have sickle cell trait are sent a letter notifying them of the results of the test and a telephone call is made to arrange a counselling session in the home. All members of the family who have not had a sickle cell test are encouraged to get tested at that time.

Plans are being finalized for a comprehensive sickle cell program in the middle and secondary public schools in the Buffalo area.

The sickle cell program also includes a resource center for education materials and a speakers bureau to complement the testing and counselling aspects of the program.

School Health

School health services were provided for 65,000 public school and an estimated 30,000 parochial school students. Physical exams were provided for entering students and sixth graders, hearing evaluation was provided for kindergarteners, first, third and sixth graders. Vision testing was done for kindergarteners, first, third and sixth graders. Eighth graders were tested for color blindness and special physical exams including a complete neurologic examination were provided for students being considered for a learning disability class.

Lead Poisoning Detection and Prevention Program

The Lead Poisoning Program conducted over 150 clinics to detect lead poisoning in children. A total of 2,618 children were screened for lead poisoning during the year with 578 children having elevated blood lead levels. Inspections revealed 267 dwellings with excess lead in the paint; 225 of the dwellings have been corrected.

The Erie County Department of Health's Division of Maternal and Child Health, Nursing Environmental Health, Health Education and the Erie County Laboratory cooperated in their efforts to provide the screening, medical, social and environmental referral and follow-up. Also involved were numerous community groups, private physicians, area health centers and hospitals.

Early in the year taxi cab service was obtained to assist with transportation of patients to treatment centers. Later in the year, the program acquired a new station wagon for providing additional transportation.

Maternal and Child Health Services

The Maternal and Child Health Services continued to be a major provider of preventive health care through Well Child Conferences, school health services, immunization and vision and hearing clinics for mothers and children who do not have access to comprehensive care.

An Early and Periodic Screening Clinic was set up at the end of the summer in the County Office Building to provide the special screening exams mandated by the Social Security Act. Screening includes a personal and family history, assessment of growth, nutrition, development and immunizations, tests for lead poisoning, sickle cell, speech or hearing defects and a urinalysis as well as other more specific tests where indicated. Over 1,200 patients were seen and one-half were referred to other clinics for additional health care. Plans are underway to implement this screening program in the Well Child Conferences for children enrolled in those clinics.

In addition, the Cleft Palate Clinic served 219 patients in 1973 and an average of 320 patients are monitored at the Rheumatic Fever Clinic conducted at Children's Hospital. Approximately 13,000 preschool children were seen during the year at the Well Child Conferences.

The Community and Cancer Screening Clinic, conducted in conjunction with the Erie County Unit of the American Cancer Society screened 1,439 persons in 1973. The clinic, which is free to county residents, includes a medical history, a physical examination, diabetes test, blood pressure check, chest x-ray and several other blood and urine tests. Women also receive a Pap test.

The Travel Immunization Clinic on the second floor of the County Office Building continued to administer vaccines necessary for travel purposes, especially yellow fever, smallpox and cholera. Approximately 230 doses of typhoid vaccine were distributed following the Allegheny River flooding. During the year, 2,239 persons received vaccinations at the Travel Clinic.

The Maternity and Infant Care Project

During the year the Project continued in its attempt to improve the health and well being of mothers and infants in Erie County by providing special comprehensive services for women and teenagers who are unable to meet the costs of care themselves.

The services provided by the Maternity and Infant Care Project include pre-natal care, post-natal care and voluntary family planning services. The program also contracted with Children's Hospital to develop and support a Regional Neonatal Intensive Care Nursery.

Child care services provided at the Mother and Child Care Center, 2211 Main Street, Buffalo, were also expanded during the year to include a Pre-Mature Followup Program. Approximately 200 pre-mature infants were monitored in 1973 at the Center.

The Project served a third more patients during 1973 than in the past. There were 490 new pre-natal patients, 192 family planning patients, and 159 infants who received service through MICP clinics.

The Maternity and Infant Care Project is funded and sponsored by a grant from the Department of Health, Education and Welfare and the Erie County Department of Health, in cooperation with the State University of New York at Buffalo, School of Medicine.

The Family Life Program

This federally funded program was formally initiated in 1973 and provides comprehensive family planning services to men and women who wish them. The program now has five community clinics and serves approximately 1,000 families. The service is provided in conjunction with the Family Life Consortium of Erie County, Inc., which provides the Policy Board and the education, outreach and consumer advocacy programs, and the Planned Parenthood Neighborhood Program which has three additional clinics. Both of these programs are funded by the same HEW grant which is administered by the Erie County Health Department.

Migrant Health

A total of 51 migrants were served at eight clinic sessions during 1973 at the Health Department's Migrant Services Medical Clinic conducted at the Tri-County Hospital, Gowanda. This compares with 92 in 1972. The migrant population was lower in 1973 than in previous years - 140 laborers at 10 camps compared with 265 at 17 camps last year. This trend is expected to continue in coming years due to the popularity of "pick your own" sales and the use of day laborers from Buffalo.

Cattaraugus Indian Reservation

The Health Department conducted 50 adult clinics and 51 pediatric clinics on the Cattaraugus Indian Reservation during 1973. Attendance at the adult clinic totalled 1,519 and 1,471

children were seen at the pediatric clinics. Other clinics conducted on the Reservation during the year included immunization clinics, chest x-ray and tuberculosis clinics, a vision and hearing clinic for pre-schoolers, a bi-monthly family planning clinic, a lead poisoning clinic, dental clinics, a diabetes and blood pressure screening clinic and regular visits by public health nurses.

Public Health Nursing

Reports for the first nine months of 1973 indicated that the professional nursing staff made 51,048 home visits of which 28,814, or 56%, were made for the purpose of providing physical care in accordance with a physician's treatment plan for each individual patient. In addition, Home Health Aides made 7,778 home visits, in most cases to assist with the physical care of the patient.

A review of the Central Index of the Nursing Division in preparation for the December, 1973 Utilization Board Review indicated that 936 patients were receiving bedside nursing care in the home, 394 were receiving adult health guidance in relation to their disease and disability, and 329 children had been referred for health supervision in the home. This is a total of 1,659 patients.

Health Guide Program

Health Guides are health resource people who live and work in certain geographic areas providing their neighbors with such services as health information, motivation and referral.

In 1973, the Health Guides made a total of 32,153 visits reaching over 50,000 people with health information and help with other related problems. Over 72,000 referrals were made. During the year the Health Guides also became involved with several additional Health Department programs -- Sickle Cell, Family Planning, Hypertension, Supplementary Income Program and the Lead Poisoning Program.

The following tables present a listing of the clinic sites, days and hours of the week that services are provided.

CATEGORICAL PROGRAMS

59

CLINIC HOURS PER/DAY

| | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Hours per week |
|--|------|----------------|------|-----------------|------|------|----------------|
| <u>SOUTH BUFFALO NEIGHBORHOOD</u> | | | | | | | |
| <u>WELL-BABY CLINICS:</u> | | | | | | | |
| Mercy Hospital 565 Abbott Road | | | | 9-12(a) 12-3 | | | 3 (a) 3+ |
| 155 Cazenovia Street Buffalo, New York | 12-3 | | | | | | 3+ |
| Neighborhood House #3 1921 South Park Avenue | | 9-12 | | | | | 3+ |
| <u>PERRY VALLEY NEIGHBORHOOD</u> | | | | | | | |
| <u>WELL-BABY CLINIC:</u> | | | | | | | |
| Father Carmichael Center (a) 55 Leddy Street | 9-12 | | | | | | 3+ |
| <u>FAMILY PLANNING & CERVICAL CANCER SCREENING:</u> | | | | | | | |
| Father Carmichael Center 55 Leddy Street | | | 9-12 | | | | 3 |
| <u>ELLICOTT NEIGHBORHOOD</u> | | | | | | | |
| <u>WELL-BABY CLINICS:</u> | | | | | | | |
| Neighborhood House 76 Orange Street | 1-4 | | | | | | 3 |
| J.F. Kennedy Center (a) 114 Hickory Street | | | 1-4 | | | | 3 |
| Booth Memorial (b) 775 Jefferson Avenue | | 12:30- 3:30 | | | | | 3+ |
| 510 Perry Street (c) Buffalo, New York | | | | 12:30- 3:30 | | | 3+ |
| Fillmore/Genesee Office (d) 1003 Genesee | | | 9-12 | | | | 3+ |
| <u>FAMILY PLANNING & CERVICAL CANCER SCREENING:</u> | | | | | | | |
| Planned Parenthood of Buffalo 424 Adams Street, Buffalo | 6-9 | 9-4 | | 9-4 | | | 17 |
| J.F. Kennedy Center 114 Hickory Street | | | | | 9-1 | | 4 |

KEY

SOUTH BUFFALO:

(a) Mercy Hospital - 2 & 4 Thursday/month

PERRY VALLEY NEIGHBORHOOD

(a) Father Carmichael Center
2 & 4 Monday/month

ELLICOTT NEIGHBORHOOD

(a) JFK - 1, 3 & 5 Wednesday/month

(b) Booth Memorial - 1, 3 & 5 Wed./month

(c) 510 Perry Street - 1, 3 & 5 Thurs./month

(d) Fillmore/Genesee - 1, 2 & 4 Wed./month

CATEGORICAL PROGRAMS

60

CLINIC HOURS PER/DAY

| | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Hours per week |
|---|------------|------------|------------|------------|------|------------|----------------|
| ELLCOTT (Contd.) | | | | | | | |
| LEAD PROGRAMS: | | | | | | | |
| Neighborhood House 76 Orange Street | 1-3 | | | | | | 2 |
| J.F. Kennedy Center (e) 114 Hickory Street | | | 1-3 | | | | 2 |
| MATERNITY & INFANT CARE PROJECTS: | | | | | | | |
| Ellicott Neighborhood Center 608 William Street | | | | 9-12 | | | 4 |
| J.F. Kennedy Center 114 Hickory Street | | | | | 9-1 | | 4 |
| LOVEJOY NEIGHBORHOOD WELL-BABY CLINICS: | | | | | | | |
| 1799 Clinton Street (a) Buffalo, New York | | | | 9-12 | | | 3+ |
| COLD SPRING NEIGHBORHOOD WELL-BABY CLINICS: | | | | | | | |
| Deaconess Hospital 1001 Humboldt Parkway | | | | 12:30-3:30 | | | 3+ |
| St. Augustine's (a) 1600 Fillmore Avenue | 1600 | | 12:30-3:30 | | | | 3+ |
| United Methodist Church (b) 151 Laurel Street | | 12:30-3:30 | | | | | 3+ |
| Mother & Child Care Center 2211 Main Street | 9:30-11:30 | 12:30-3:00 | 9:30-11:30 | 9:30-11:30 | | | 8½ |
| FAMILY PLANNING & CERVICAL CANCER SCREENING: | | | | | | | |
| 2211 Main Street Clinic | | 9-1 | | | | | 4 |
| St. Augustine's Clinic 1600 Fillmore Avenue | 1-3 | | | | | 12:30-2:00 | 3½ |
| LEAD PROGRAMS: | | | | | | | |
| United Methodist Church (c) 151 Laurel | | | 12:00-2:30 | | | | 2½ |

KEY

ELLCOTT (Contd.)

(e) JFK - 1, 3 & 5 Wed./month

LOVEJOY

(a) 1799 Clinton Street - 1, 2 & 5 Thurs./month

COLD SPRING:

(a) St. Augustine's Church - 1, 2 & 5 Wed./mo.

(b) United Meth. Church - 1, 2 & 4 Tues./mo.
(Well-Baby Clinic)

(c) United Meth. Church - 1, 2 & 4 Tues./mo.
(Lead Program)

CLINIC HOURS PER/DAY

| | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Hours per week |
|--|----------------|----------------|----------------|----------------|----------------|------|-------------------|
| <u>COLD SPRING NEIGHBORHOOD</u> | | | | | | | |
| <u>MATERNITY & INFANT CARE</u> | | | | | | | |
| <u>PROJECTS:</u> | | | | | | | |
| 2211 Main Street Clinic | | 9-1 4-6:30 | | | | | 6½ |
| St. Augustine Clinic (d) 1400 Fillmore Street | 9-1 1-3 | | | | | | 6 |
| <u>UPPER EAST SIDE NEIGHBORHOOD</u> | | | | | | | |
| <u>WELL-BABY CLINICS:</u> | | | | | | | |
| 1 Doat Street (a) Buffalo, New York | | 9-12 | | | | | 3+ |
| Plewacki Post (b) 385 Paderewski Street | | | 12:30- 3:30 | | | | 3+ |
| Hennepin Park (c) 24 Ludington | | 9:30- 12:30 | | | | | 3+ |
| <u>LEAD PROGRAMS:</u> | | | | | | | |
| Fillmore-Genesee (d) Nursing Center | | 9-11 | | | | | 2 |
| <u>UNIVERSITY-NORTH EAST</u> | | | | | | | |
| <u>NEIGHBORHOOD</u> | | | | | | | |
| <u>WELL-BABY CLINICS:</u> | | | | | | | |
| 18 Kenfield Court | | | 9-12 | | | | 3+ |
| 1079 Kensington Avenue (a) | 12:30- 3:30 | | | | | | 3+ |
| <u>BLACK ROCK RIVERSIDE</u> | | | | | | | |
| <u>NEIGHBORHOOD</u> | | | | | | | |
| Jasper Parish Project (a) 3 LaForce Drive | | | 12:30- 3:30 | | | | 3+ |
| Niagara Library (b) 1939 Niagara Street | | | | | 12:30- 3:30 | | 3+ |
| Shaffer Village Projects (c) 98 Isabelle Street | | | | 12:30- 3:00 | | | 3+ |
| <u>FAMILY PLANNING & CERVICAL</u> | | | | | | | |
| <u>CANCER SCREENING:</u> | | | | | | | |
| Ontario Street Clinic Tonawanda Street | | | | 9-3 | | | 3 |

KEY:**COLD SPRING - (Contd.)**

(d) St. Augustine's Clinic - 2 hrs. devoted to Family Planning

UPPER EAST SIDE

(a) 1 Doat St. - 1, 3 & 5 Tues./month

(b) Plewacki Post - 2 & 4 Wed./month

(c) Hennepin Park 2 & 4 Tues./month

(d) Fillmore/Genesee Nursing Center
1, 2 & 4 Wed./month**UNIVERSITY:** (a) 1079 Kensington Ave.
1 & 3 Monday/month**BLACK ROCK:**

(a) Jasper Parish - 1 & 3 Wed./month

(b) Niagara Library - 1, 3 & 5 Fri./mo

(c) Shaffer Village Projects -
1, 3 & 5 Thursday/month

CATEGORICAL PROGRAMSCLINIC HOURS PER/DAY

| <u>UPPER WEST SIDE NEIGHBORHOOD</u> | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Hours per week |
|--|----------------|-------|------|----------------|--------|------|-------------------|
| <u>WELL-BABY CLINIC:</u> West Side Health Office 495 Normal Avenue | | | | 8:30- 12:30 | | | 3+ |
| <u>DELAWARE NEIGHBORHOOD</u> | | | | | | | |
| <u>WELL-BABY CLINIC:</u> Children's Hospital 219 Bryant Street | 12:30- 3:30 | | | 8:30- 11:30 | | | 6+ |
| <u>LEAD PROGRAM:</u> Children's Hospital 219 Bryant Street | 12:30- 2:30 | | | | | | 2 |
| <u>LOWER WEST SIDE NEIGHBORHOOD</u> | | | | | | | |
| <u>WELL-BABY CLINICS:</u> 17 Pennsylvania Avenue | | 9-12 | | | | | 3 |
| <u>FAMILY PLANNING & CERVICAL CANCER SCREENING:</u> 95 Franklin Street, Rath Building | | | 3-6 | | 1-4:30 | | 6½ |
| Allentown Community Center 111 Elmwood Avenue | | | | 12-4 | | | 4 |
| West Side Health Center 17-19 Pennsylvania Avenue | | | 9-1 | | | | 4 |
| <u>LEAD PROGRAMS:</u> 95 Franklin Street, Rath Building | | 10-12 | | | | | 2 |
| West Side Health Center 17-19 Pennsylvania Avenue | | 9-11 | | | | | 2 |
| <u>MATERNITY & INFANT CARE PROJECTS:</u> West Side Health Center 17-19 Pennsylvania Avenue | | | 9-1 | | | | 4 |
| Allentown Community Center 111 Elmwood Avenue | | | | 12-4 | | | 4 |
| <u>CITY OF LACKAWANNA</u> | | | | | | | |
| <u>WELL-BABY CLINIC:</u> Lackawanna Nursing Office 609 Ridge Road, Lackawanna | | | | 12-3 | | | 3+ |

CATEGORICAL PROGRAMS

63

CLINIC HOURS PER/DAY

| <u>CITY OF TONAWANDA</u> | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Hours per week |
|--|------------|------------|------------|--------|-----------|------|----------------|
| <u>WELL-BABY CLINICS:</u> | | | | | | | |
| <u>Tonawanda Nursing Office</u> 32 N. Niagara Street | 10-1 | | | | | | 3+ |
| <u>Colin Kelly Project (a)</u> 202 Gibson Street | | 10-1 | | | | | 3+ |
| <u>FAMILY PLANNING & CERVICAL</u> <u>CANCER SCREENING</u> | | | | | | | |
| <u>Colin Kelly Project, 202 Gibson St.</u> | | 12:30-3:30 | | | | | 3+ |
| <u>TOWN OF ALDEN</u> | | | | | | | |
| <u>WELL-BABY CLINICS:</u> | | | | | | | |
| <u>United Pres. Church</u> 13288 Broadway | | | 8:30-11:30 | | | | 3+ |
| <u>TOWN OF AMHERST</u> | | | | | | | |
| <u>WELL-BABY CLINICS:</u> | | | | | | | |
| <u>Williamsville Methodist Church (a)</u> 5683 Main Street, Williamsville, NY | | | | | 1:30-4:30 | | 3+ |
| <u>Sweethome (b)</u> 966 Sweet Home Road, Eggertsville | | | | | 1:30-4:30 | | 3+ |
| <u>TOWN OF AURORA</u> | | | | | | | |
| <u>WELL-BABY CLINIC:</u> | | | | | | | |
| <u>East Aurora Office</u> 268 Main Street, East Aurora | | | | 9-12 | | | 3+ |
| <u>TOWN OF BOSTON</u> | | | | | | | |
| <u>WELL-BABY CLINIC:</u> | | | | | | | |
| <u>Churchill Mem. Meth. Church (a)</u> Boston State Road | 10-1 | | | | | | 3+ |
| <u>TOWN OF BRANT</u> | | | | | | | |
| <u>WELL-BABY CLINIC:</u> | | | | | | | |
| <u>Brant Town Hall (a)</u> Brant, New York | 9:30-12:30 | | | | | | 3+ |
| <u>FAMILY PLANNING & CERVICAL</u> <u>CANCER SCREENING</u> | | | | | | | |
| <u>Chautauqua Indian Reservation</u> | 10-2 | | | | | | 4 |

KEY

CITY OF TONAWANDA:

(a) Colin Kelly Project - 2 & 4 Tuesday/month

TOWN OF AMHERST

(a) Williamsville Meth. Church - 1st Friday/mo.

(b) Sweethome - 2 & 4 Friday/month

TOWN OF BOSTON

(a) Churchill Methodist Ch. - 2 & 4 Mon./mo.

TOWN OF BRANT

(a) Brant Town Hall - 2nd Monday/month

CATEGORICAL PROGRAMSCLINIC HOURS PER/DAY

| | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Hours per week |
|---|------|----------------|------|---------------|------|------|-------------------|
| TOWN OF CHEEKTOWAGA WELL-BABY CLINICS: Sloan Village Hall (a) 140 Halstead Ave., Sloan | | | | | 10-1 | | 3+ |
| Tiorunda Presbyterian Church 425 Maryvale Drive, Cheektowaga | | 8:30- 11:30 | | | | | 3+ |
| TOWN OF CLARENCE WELL-BABY CLINIC: Swormsville Fire Hall (a) 6971 Transit Road, Swormsville | | 1-4 | | | | | 3+ |
| TOWN OF COLLINS WELL-BABY CLINIC: Collins Center (a) Grange Hall - Route 38 | | | | | 10-1 | | 3+ |
| TOWN OF CONCORD WELL-BABY CLINIC: 74 West Main Street (a) Springville, New York | | | | | 10-1 | | 3+ |
| TOWN OF EDEN WELL-BABY CLINIC: East Eden Fire Hall (a) | 10-1 | | | | | | 3+ |
| TOWN OF EVANS WELL-BABY CLINICS: 42 N. Main Street, Angola (a) First Church of Evans (b) Jerusalem Corners, Derby | | 10-1 | | | | | 3+ |
| | 10-1 | | | | | | 3+ |
| GRAND ISLAND WELL-BABY CLINIC: Grand Island Trinity Evang. Church (a) 2100 Whitehaven Road | | | | 1:30- 4:30 | | | 3+ |
| TOWN OF HAMBURG WELL-BABY CLINICS: Lakeshore Fire Hall (a) Rte. 5 & Rogers Road, Hamburg | | | | | 10-1 | | 3+ |

KEY**CHEEKTOWAGA**

(a) Sloan Village Hall - 2 & 4 Friday/month

CLARENCE

(a) Swormsville Fire Hall - 1st Tuesday/month

COLLINS

(a) Collins Center - 2nd Friday/month

CONCORD

(a) Springville - 3rd Friday/month

EDEN - (a) East Eden Fire Hall - Every other
month 3 & 4 Monday**EVANS** (a) 42 N. Main St., 1, 2 & 4 Tues./mo.
(b) 1st Church of Evans - 1st Mon./mo.**GRAND ISLAND**

(a) Trinity Church - 1 & 3 Thursday/month

HAMBURG

(a) Lakeshore Fire Hall - 2 & 4 Friday/month

CATEGORICAL PROGRAMS

65

CLINIC HOURS PER/DAY

TOWN OF HAMBURG (Contd.)

WELL-BABY CLINICS:

Lakeview Fire Hall (b)

Lakeview Road, Hamburg

Woodlawn Fire Hall (c)

Rte. 5 Woodlawn, New York

LEAD PROGRAM:

Hamburg District Office (d)

5444 Camp Road

TOWN OF HOLLAND

WELL-BABY CLINIC:

Holland Town Hall (a)

Pearl Street

TOWN OF LANCASTER

WELL-BABY CLINIC:

Northeast Office

5165 Broadway, Depew

TOWN OF NEWSTEAD

WELL-BABY CLINIC:

Church & John Street (a)

Akron, New York

TOWN OF ORCHARD PARK

WELL-BABY CLINIC:

Windom Fire Hall (a)

3736 Abbott Road

TOWN OF TONAWANDA

WELL-BABY CLINICS:

131 Sheridan Parkway

Kenilworth United Church (a)

45 Dalton & Decatur

Brighton Elementary School (b)

300 Fries Road

St. Mark's Lutheran Church (c)

576 Delaware Road

TOWN OF WEST SENECA

WELL-BABY CLINIC:

West Seneca Office

21 Hilldale, West Seneca

| | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Hours per week |
|---|------|------------|------------|------------|------|------|----------------|
| Lakeview Fire Hall (b) Lakeview Road, Hamburg | | 10-1 | | | | | 3+ |
| Woodlawn Fire Hall (c) Rte. 5 Woodlawn, New York | | | | | 10-1 | | 3+ |
| Hamburg District Office (d) 5444 Camp Road | | | 1-3 | | | | 2 |
| Holland Town Hall (a) Pearl Street | | | | 9-12 | | | 3 |
| Northeast Office 5165 Broadway, Depew | | | 8:30-11:30 | 8:30-11:30 | | | 6+ |
| Church & John Street (a) Akron, New York | | 12:30-3:30 | | | | | 3+ |
| Windom Fire Hall (a) 3736 Abbott Road | 9-12 | | | | | | 3+ |
| 131 Sheridan Parkway Kenilworth United Church (a) | | 10-1 | | | | | 3+ |
| 45 Dalton & Decatur Brighton Elementary School (b) | | | | 10-1 | | | 3+ |
| 300 Fries Road St. Mark's Lutheran Church (c) | | | 8:30-11:30 | | | | 3+ |
| 576 Delaware Road | | | | 10-1 | | | 3+ |
| West Seneca Office 21 Hilldale, West Seneca | | | 9-12 | | | | 3+ |

KEY

HAMBURG (Contd.)

(b) Lakeview Fire Hall - 3rd Tues./mo.

(c) Woodlawn Fire Hall - 1 & 3 Fri./mo.

(d) Hamburg Dist. Office - 1 & 3 Wed./mo.

HOLLAND

(a) Town Hall - 3rd Thurs./mo.

NEWSTEAD (a) Church St. - 2 & 4 Tues./mo.

ORCHARD PARK

(a) Windom Fire Hall - 2 & 4 Mon./mo.

TONAWANDA

(a) Kenilworth United Ch. - 3rd Thurs./mo.

(b) Brighton Elem. - 2, 4 & 5 Wed./mo.

(c) St. Mark's Lutheran Ch. - 2, 4 & 5 Thurs./mo.

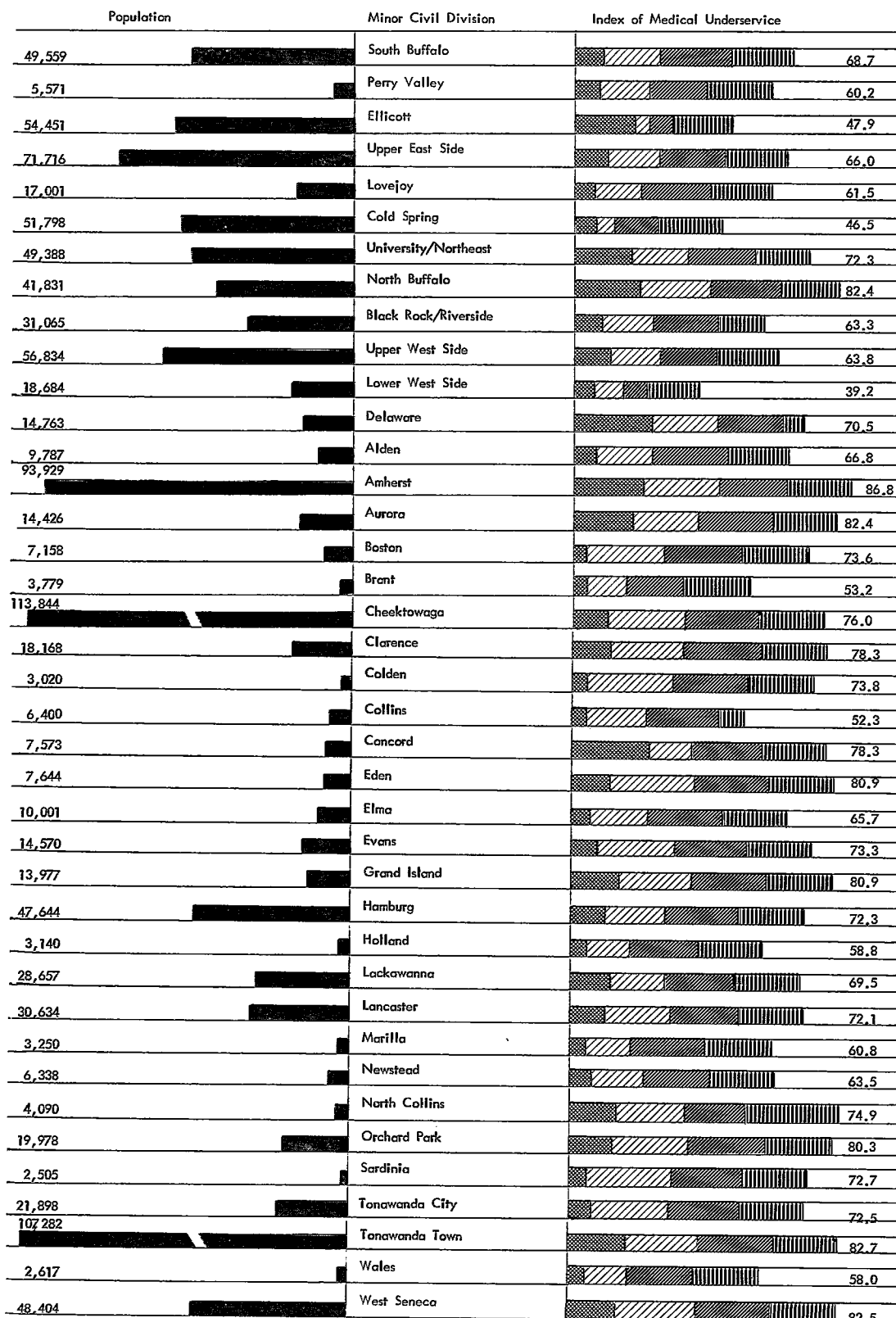
VI. NEIGHBORHOOD AND TOWNSHIP PROFILES

Recognizing that individual neighborhoods and towns are easily recognizable geographic units but that they might not represent sound primary care and/or human service areas of the future, detailed information is presented on all 39 neighborhoods and towns. This aggregation of data is useful for planning purposes but has limitations if attention becomes focused too acutely on small and/or individual units. Future service areas must be of appropriate size - able to attract, assemble and support the requisite manpower and physical resources. Potential service areas may cross municipal boundaries and possibly even extend beyond county boundaries. Populations of people, such as those at geographic extremes of the county, migrant laborers, and the residents of the two Indian Reservations may constitute populations that might be served in a regional rather than county approach.

The profiles which follow contain: 1.) a general description of the neighborhood or town, 2.) maps of each which depict major health care resources, 3.) population characteristics, 4.) resource and utilization indicators, 5.) vital statistics and 6.) leading causes of death.

Figure E-10 presents in a graphic display the population and variables which comprise the Index of Medical Underservice for each of the 39 units.

EXHIBIT E-10 ERIE COUNTY POPULATION AND INDEX OF MEDICAL UNDERSERVICE



LEGEND:

Primary Care Physicians per 1,000 population

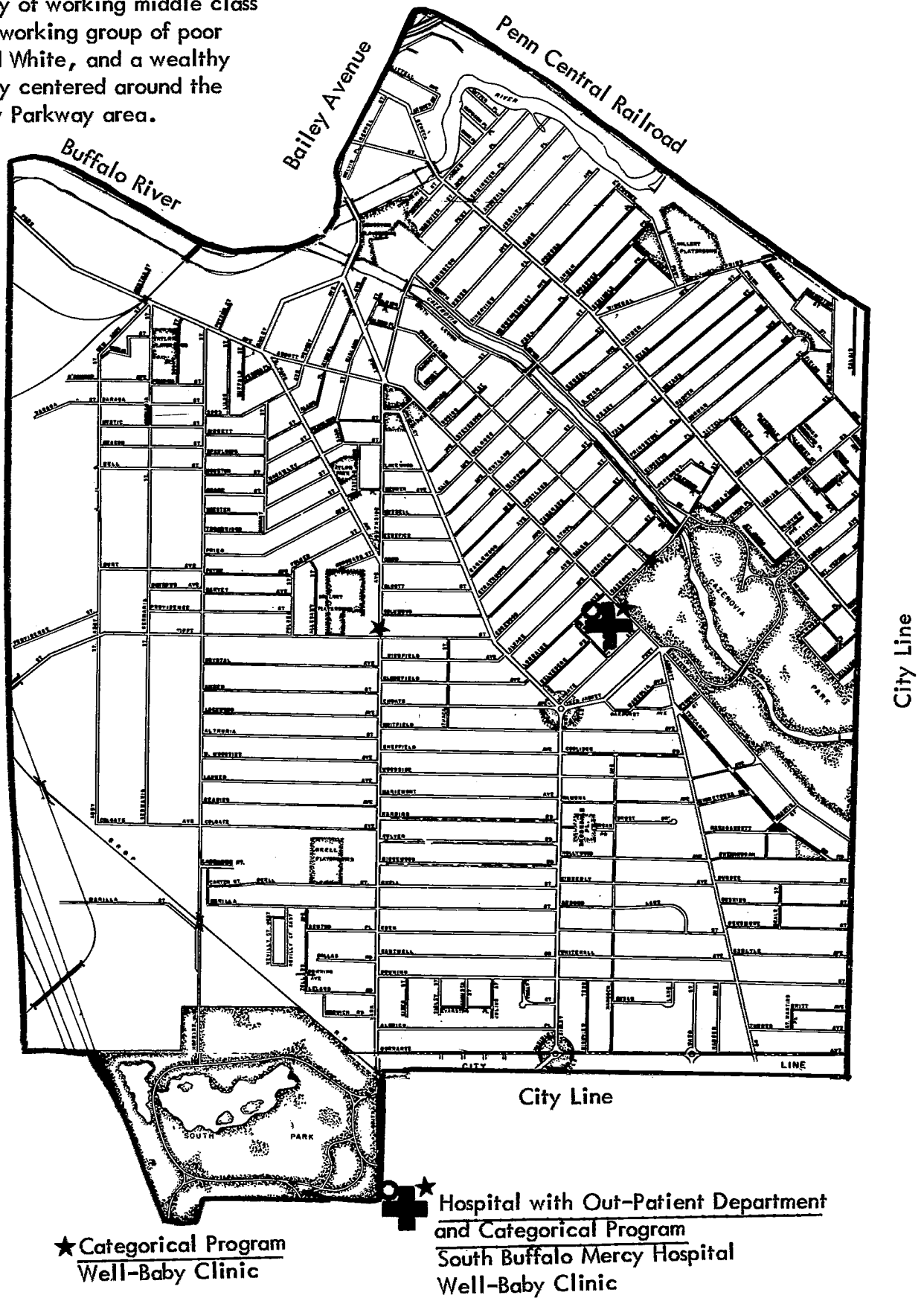
Infant Mortality Rate (5 year average)

Percentage of Population Aged 65 Years and Over

Percentage of Population Below Poverty Level

SOUTH BUFFALO NEIGHBORHOOD

South Buffalo Neighborhood forms the southern border of the City of Buffalo. In general South Buffalo is a diverse community of working middle class white, a working group of poor Black and White, and a wealthy community centered around the McKinley Parkway area.



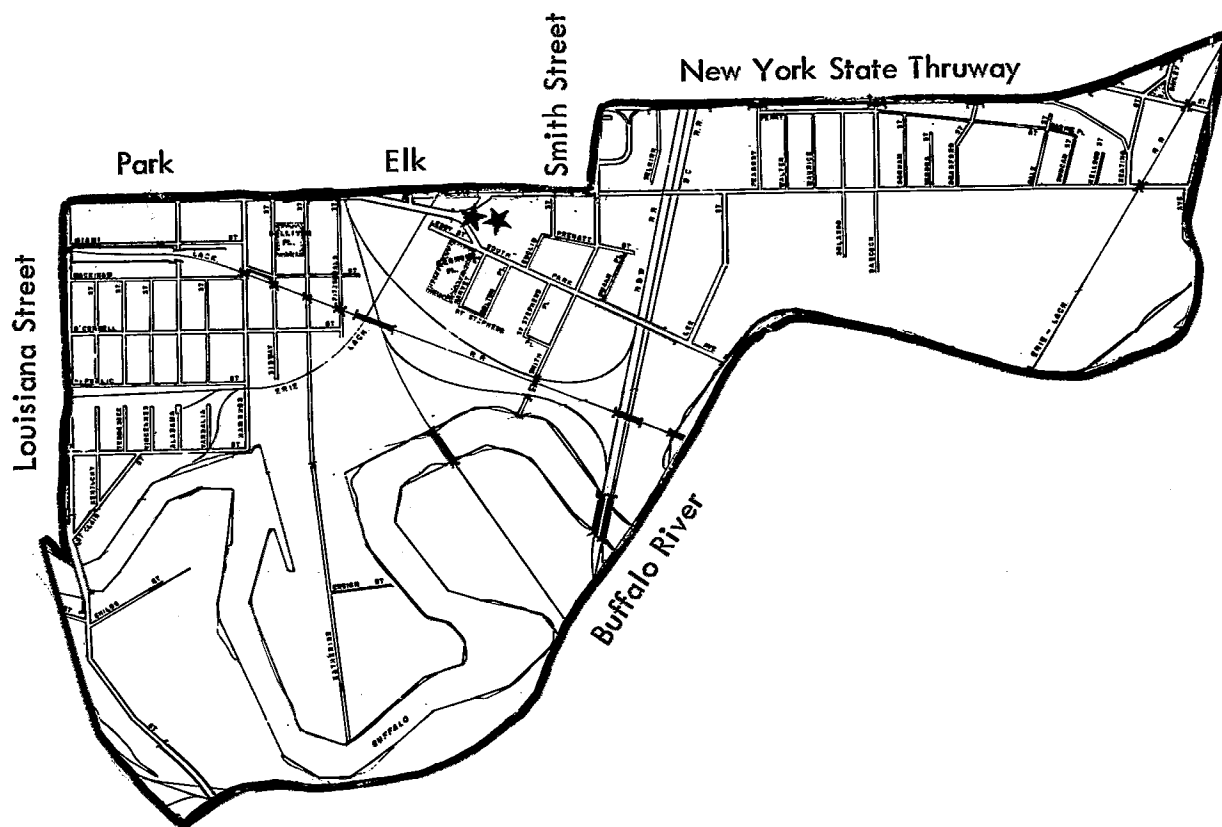
COMMUNITY PROFILE

SOUTH BUFFALO

| POPULATION CHARACTERISTICS | | | POPULATION CHARACTERISTICS | | |
|-----------------------------------|--------|----|--|-------|----|
| | | r | | | r |
| Population 1970 | 49,559 | 8 | % 65+ | 10.98 | 11 |
| % of County Total Population | 4.45 | | % Under 15 | 29.52 | 27 |
| 1985 Projected Population | 44,175 | | % Under 5 | 9.11 | 15 |
| Number Families | 12,272 | | % Females 15 - 44 | 19.93 | 24 |
| | | | % Black | 0.36 | 18 |
| ECONOMIC INDICATORS | | | VITAL STATISTICS | | |
| % Persons Below Poverty | 7.29 | 17 | Birth Rate/1000 Population | 13.6 | 10 |
| % Families Below Poverty | 5.13 | | Infant Mortality/1000 Live Births | 19.3 | 22 |
| % Families Below Twice Poverty | 25.03 | 15 | Incidence of Tuberculosis/1000 Pop. | 10.9 | 20 |
| Median Family Income | 10,089 | 20 | Death Rate Per 100,000 Population | 11.5 | 20 |
| % Households Without Auto | 18.75 | 28 | | | |
| RESOURCE & UTILIZATION INDICATORS | | | LEADING CAUSES OF DEATH PER 100,000 POP. | | |
| Primary Care Physicians/1000 Pop. | 0.26 | 18 | Disease of Heart | 41.5 | 13 |
| % p.c.p. M.D.'s Above 60 | 42% | | Malignant Neoplasms (cancer) | 17.9 | 21 |
| Emergency Room Visits/1000 Pop. | 362 | 6 | Cerebral Vascular | 12.3 | 13 |
| Emergency Rooms Most Frequented | | | Accidents | 3.2 | 25 |
| South Buffalo Mercy | 209.9 | | Influenza & Pneumonia | 2.8 | 16 |
| Our Lady of Victory | 46.1 | | Diabetes | 1.4 | 30 |
| E.J. Meyer Memorial | 21.0 | | Certain Causes Infant Mortality | 3.0 | 7 |
| | | | Arterio-Sclerosis | 1.6 | 26 |
| | | | Cirrhosis | 2.8 | 9 |
| | | | Bronchitis, Emph., Asthma | 2.0 | 16 |
| Index of Medical Underservice | 68.7 | 17 | All Other Causes | 11.5 | 18 |

PERRY VALLEY NEIGHBORHOOD

Perry Valley is geographically one of the smallest neighborhoods included in this report and is located in the Southern portion of the city. This area is a maze of railroad tracks and thruway crossings, with the bulk of the population centered around the Louisiana Street area.



- ★ Categorical Programs:
 Family Planning
 Cervical Cancer Screening
 Well-Baby Clinic

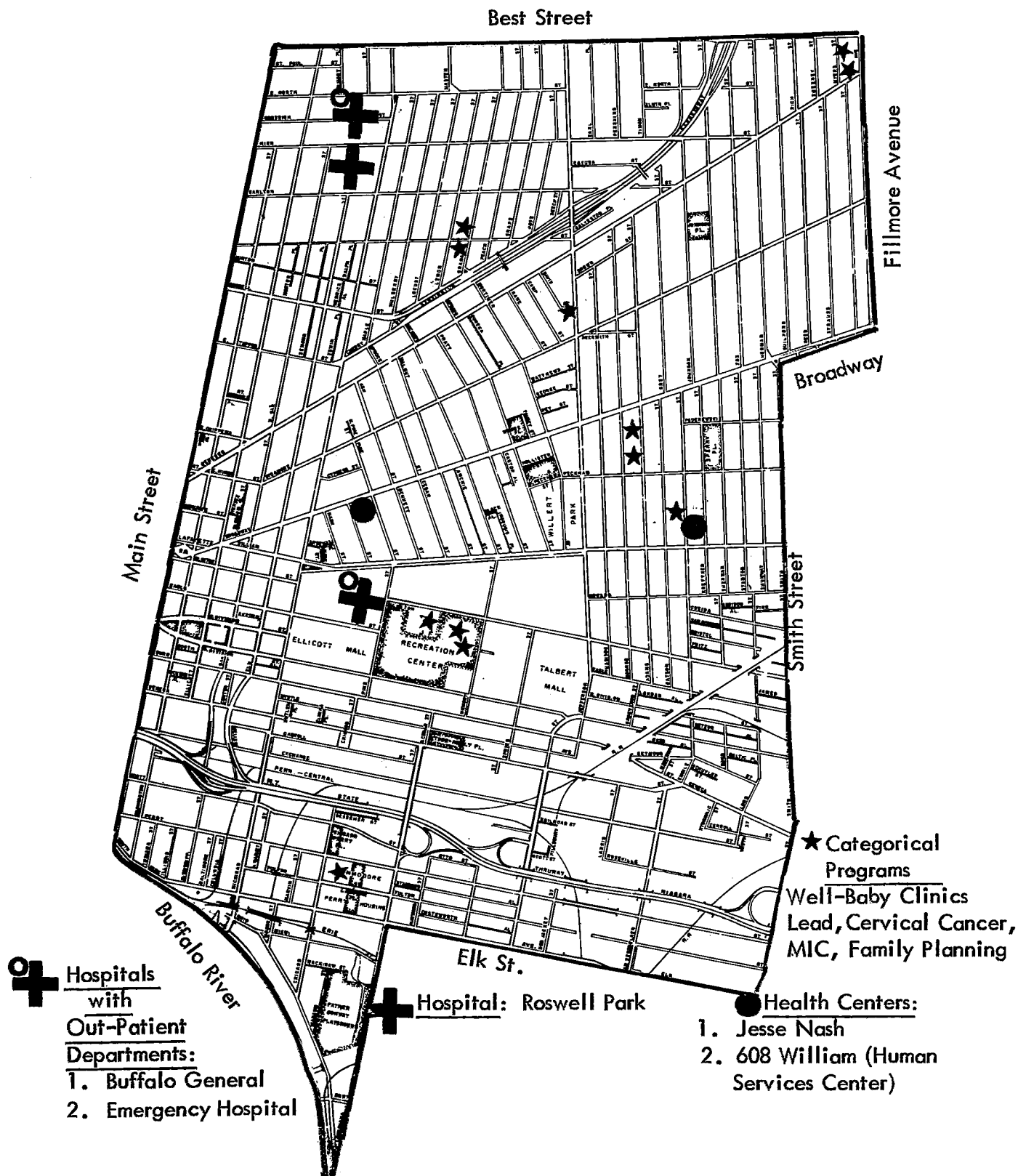
COMMUNITY PROFILE

PERRY VALLEY

| POPULATION CHARACTERISTICS | | | POPULATION CHARACTERISTICS | | |
|-----------------------------------|-------|----|--|-------|----|
| | | r | | | r |
| Population 1970 | 5,571 | 32 | % 65+ | 8.98 | 15 |
| % of County Total Population | 0.5 | | % Under 15 | 31.11 | 20 |
| 1985 Projected Population | 3,830 | | % Under 5 | 8.87 | 17 |
| Number Families | 1,270 | | % Females 15 - 44 | 18.55 | 34 |
| | | | % Black | 0.63 | 14 |
| ECONOMIC INDICATORS | | | VITAL STATISTICS | | |
| % Persons Below Poverty | 15.67 | 4 | Birth Rate/1000 Population | 13.6 | 11 |
| % Families Below Poverty | 11.50 | | Infant Mortality/1000 Live Births | 21.6 | 28 |
| % Families Below Twice Poverty | 38.35 | 5 | Incidence of Tuberculosis/1000 Pop. | 39.7 | 4 |
| Median Family Income | 8,390 | 35 | Death Rate Per 100,000 Population | 18.1 | 6 |
| % Households Without Auto | 34.52 | 36 | | | |
| RESOURCE & UTILIZATION INDICATORS | | | LEADING CAUSES OF DEATH PER 100,000 POP. | | |
| Primary Care Physicians/1000 Pop. | 0.17 | 15 | Disease of Heart | 45.2 | 10 |
| % p.c.p. M.D.'s Above 60 | 100% | | Malignant Neoplasms (cancer) | 16.3 | 26 |
| Emergency Room Visits/1000 Pop. | 415 | 4 | Cerebral Vascular | 7.2 | 34 |
| Emergency Rooms Most Frequented | | | Accidents | 5.4 | 15 |
| South Buffalo Mercy | 133.9 | | Influenza & Pneumonia | 2.8 | 17 |
| Emergency | 51.7 | | Diabetes | 1.8 | 21 |
| Deaconess | 44.6 | | Certain Causes Infant Mortality | 1.8 | 13 |
| | | | Arterio-Sclerosis | 1.6 | 27 |
| | | | Cirrhosis | 3.6 | 7 |
| | | | Bronchitis, Emph., Asthma | 5.4 | 2 |
| Index of Medical Underservice | 60.2 | 8 | All Other Causes | 18.1 | 5 |

ELLICOTT NEIGHBORHOOD

Located in central Buffalo, this area represents two thirds of the Model Neighborhood area and is a predominantly Black Neighborhood. Model City Employment Information Center sets the unemployment rate for this area between 44-50% (City 8%). This neighborhood is diverse and combines the poor Blacks who live around and in the Fredrick Douglas (Talbert Mall) and Ellicott Housing Project with the middle class working group and professionals living in the Ellicott Homes and Town Garden Apartments.



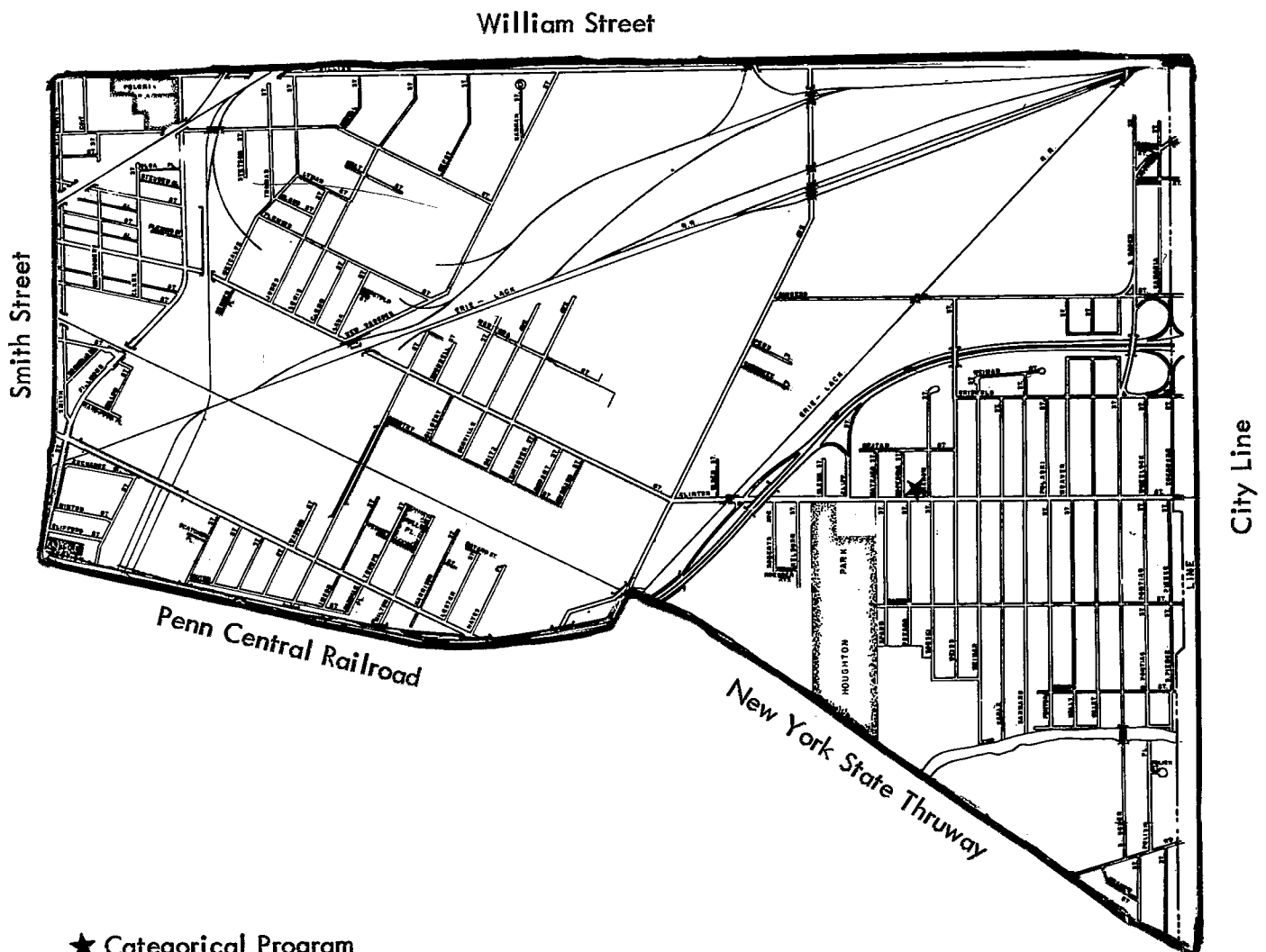
COMMUNITY PROFILE

ELLICOTT

| POPULATION CHARACTERISTICS | | | POPULATION CHARACTERISTICS | | |
|-----------------------------------|--------|----|--|-------|----|
| | | r | | | r |
| Population 1970 | 54,451 | 6 | % 65+ | 10.7 | 12 |
| % of County Total Population | 4.89 | | % Under 15 | 33.19 | 10 |
| 1985 Projected Population | 38,490 | | % Under 5 | 9.99 | 6 |
| Number Families | 41,796 | | % Females 15 - 44 | 20.48 | 17 |
| | | | % Black | 75.34 | 2 |
| ECONOMIC INDICATORS | | | VITAL STATISTICS | | |
| % Persons Below Poverty | 31.91 | 1 | Birth Rate/1000 Population | 15.2 | 7 |
| % Families Below Poverty | 27.64 | 1 | Infant Mortality/1000 Live Births | 34.0 | 39 |
| % Families Below Twice Poverty | 59.99 | 1 | Incidence of Tuberculosis/1000 Pop. | 74.6 | 1 |
| Median Family Income | 6,067 | 39 | Death Rate Per 100,000 Population | 32.7 | 1 |
| % Households Without Auto | 61.98 | 39 | | | |
| RESOURCE & UTILIZATION INDICATORS | | | LEADING CAUSES OF DEATH PER 100,000 POP. | | |
| Primary Care Physicians/1000 Pop. | 0.65 | 34 | Disease of Heart | 42.4 | 11 |
| % p.c.p. M.D.'s Above 60 | 25% | | Malignant Neoplasms (cancer) | 21.3 | 11 |
| Emergency Room Visits/1000 Pop. | 589 | 1 | Cerebral Vascular | 11.6 | 14 |
| Emergency Rooms Most Frequented | | | Accidents | 7.5 | 8 |
| | | | Influenza & Pneumonia | 3.9 | 10 |
| E.J. Meyer Memorial | 130.8 | | Diabetes | 2.4 | 11 |
| Deaconess | 115.8 | | Certain Causes Infant Mortality | 4.6 | 4 |
| Emergency | 102.7 | | Arterio-Sclerosis | 1.7 | 24 |
| | | | Cirrhosis | 5.5 | 1 |
| | | | Bronchitis, Emph., Asthma | 2.8 | 10 |
| Index of Medical Underservice | 47.9 | 3 | All Other Causes | 32.7 | 1 |

LOVEJOY NEIGHBORHOOD

The Lovejoy neighborhood can be generally described as including a predominantly Polish population separated by the Penn Central Railroad into two communities; Babcock and Kaisertown (Houghton Park). Lovejoy neighborhood is bordered on the North by East Industrial Park No. 1 and East Industrial Park No. 2.



★ Categorical Program
Well-Baby Clinic

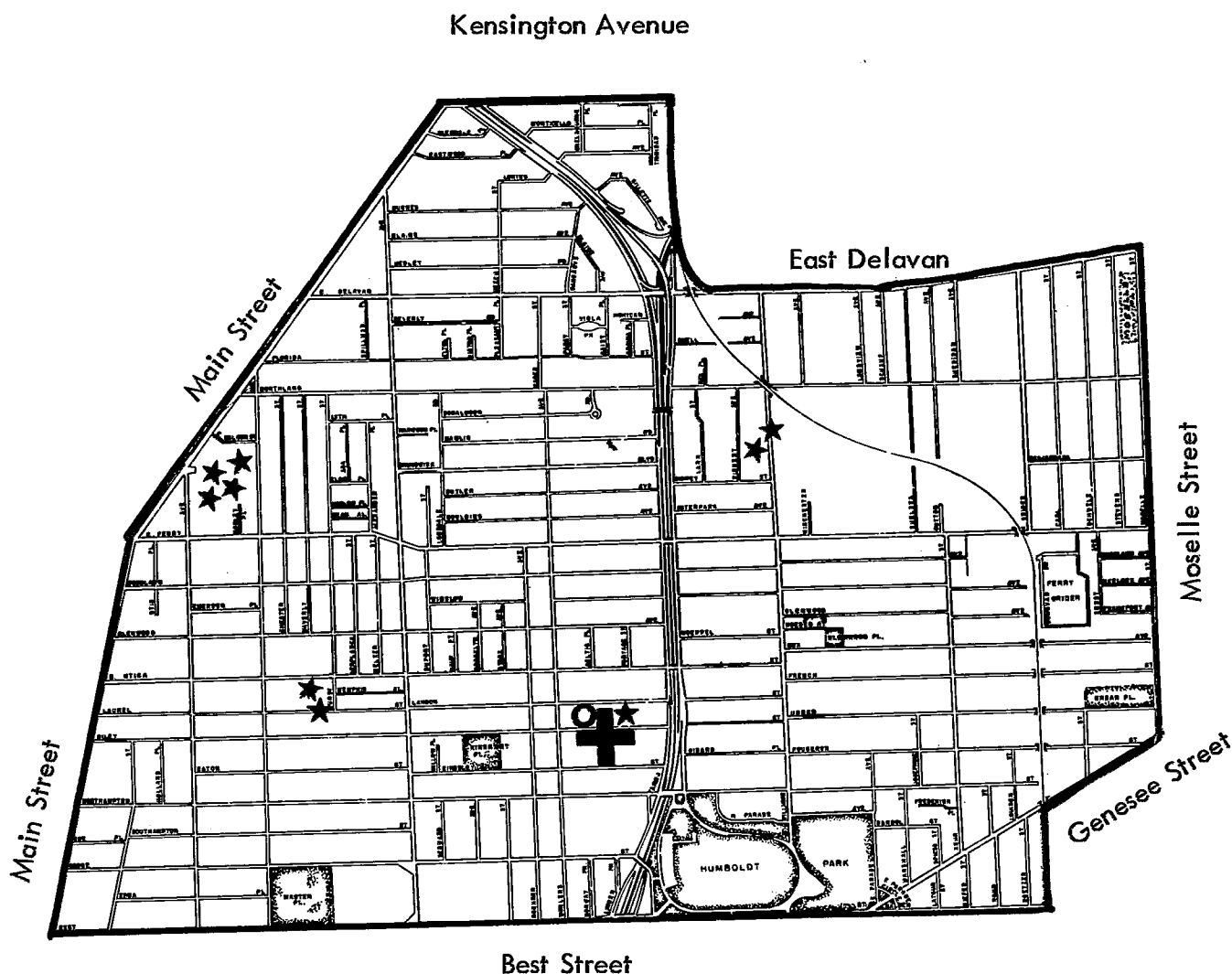
COMMUNITY PROFILE

CLINTON BABCOCK

| POPULATION CHARACTERISTICS | | r | POPULATION CHARACTERISTICS | | r |
|-----------------------------------|--------|----|--|-------|----|
| Population 1970 | 17,001 | 20 | % 65+ | 10.6 | 13 |
| % of County Total Population | 1.53 | | % Under 15 | 25.03 | 32 |
| 1985 Projected Population | 14,265 | | % Under 5 | 7.98 | 25 |
| Number Families | 4,417 | | % Females 15 - 44 | 18.64 | 33 |
| | | | % Black | 3.04 | 7 |
| ECONOMIC INDICATORS | | | VITAL STATISTICS | | |
| % Persons Below Poverty | 9.95 | 13 | Birth Rate/1000 Population | 12.3 | 22 |
| % Families Below Poverty | 7.61 | | Infant Mortality/1000 Live Births | 22.4 | 31 |
| % Families Below Twice Poverty | 31.56 | 9 | Incidence of Tuberculosis/1000 Pop. | 14.1 | 14 |
| Median Family Income | 9,035 | 33 | Death Rate Per 100,000 Population | 17.6 | 7 |
| % Households Without Auto | 32.4 | 33 | | | |
| RESOURCE & UTILIZATION INDICATORS | | | LEADING CAUSES OF DEATH PER 100,000 POP. | | |
| Primary Care Physicians/1000 Pop. | 0.11 | 10 | Disease of Heart | 60.0 | 3 |
| % p.c.p. M.D.'s Above 60 | 50% | | Malignant Neoplasms (cancer) | 23.5 | 8 |
| Emergency Room Visits/1000 Pop. | 376 | 5 | Cerebral Vascular | 11.2 | 17 |
| Emergency Rooms Most Frequented | | | Accidents | 2.4 | 33 |
| South Buffalo Memorial | 123.9 | | Influenza & Pneumonia | 2.4 | 20 |
| St. Joseph's Intercommunity | 64.2 | | Diabetes | 1.8 | 22 |
| E.J. Meyer Memorial | 33.6 | | Certain Causes Infant Mortality | 0.6 | 35 |
| | | | Arterio-Sclerosis | 1.8 | 23 |
| | | | Cirrhosis | 4.1 | 4 |
| | | | Bronchitis, Emph., Asthma | 2.9 | 6 |
| Index of Medical Underservice | 61.5 | 10 | All Other Causes | 17.6 | 7 |

COLD SPRING AREA

Cold Spring extends from North to South from Kensington Avenue to Best, and is somewhat separated by the Kensington Expressway. In general, the predominant characteristic of the Cold Spring area is mixed; a young population, a heavy scattering of elderly, a working poor group, and a set of upper middle class professionals living in the Humboldt and Hamlin Park area. This area represents one third of the Model Neighborhood area which is further characterized by the high unemployment rate of 44-50%. Cold Spring, combined with Ellicott Neighborhood, completes the Model City area.



Hospital with Out-patient Department & Categorical Program

1. Deaconess Hospital 2. Well-Baby Clinic



Categorical Programs

Family Planning, Maternal Infant Care
Lead Program, Cervical Cancer Screening

Well-Baby Clinics

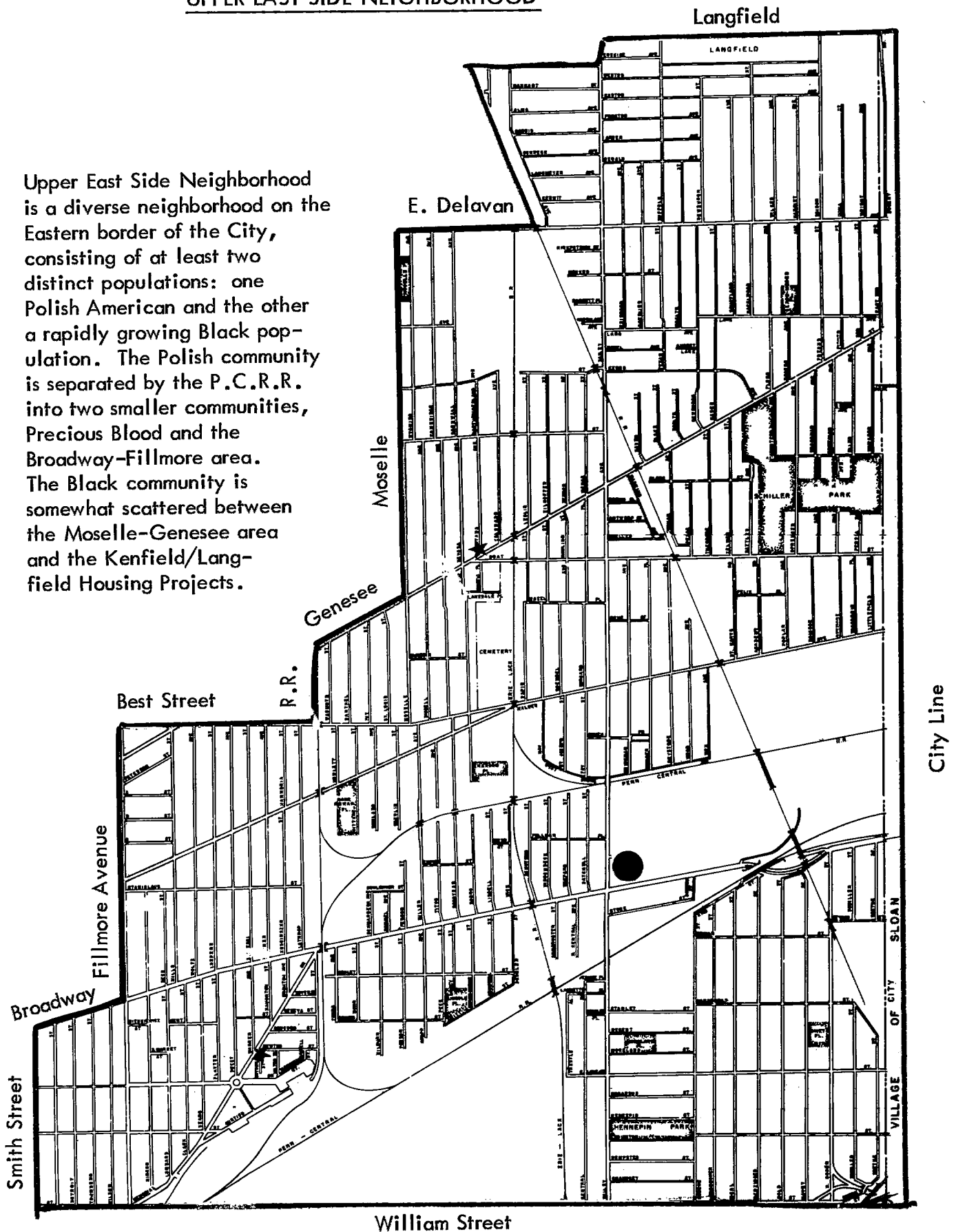
COMMUNITY PROFILE

COLD SPRING

| POPULATION CHARACTERISTICS | | | POPULATION CHARACTERISTICS | | |
|-----------------------------------|--------|----|--|-------|----|
| | | r | | | r |
| Population 1970 | 51,798 | 7 | % 65+ | 8.4 | 21 |
| % of County Total Population | 4.65 | | % Under 15 | 31.75 | 17 |
| 1985 Projected Population | 41,335 | | % Under 5 | 9.41 | 11 |
| Number Families | 11,994 | | % Females 15 - 44 | 22.27 | 2 |
| | | | % Black | 82.35 | 1 |
| ECONOMIC INDICATORS | | | VITAL STATISTICS | | |
| % Persons Below Poverty | 20.84 | 3 | Birth Rate/1000 Population | 15.5 | 5 |
| % Families Below Poverty | 17.63 | | Infant Mortality/1000 Live Births | 31.0 | 38 |
| % Families Below Twice Poverty | 44.14 | 3 | Incidence of Tuberculosis/1000 Pop. | 61.0 | 2 |
| Median Family Income | 7,810 | 37 | Death Rate Per 100,000 Population | 18.5 | 5 |
| % Households Without Auto | 40.40 | 37 | | | |
| RESOURCE & UTILIZATION INDICATORS | | | LEADING CAUSES OF DEATH PER 100,000 POP. | | |
| Primary Care Physicians/1000 Pop. | 0.16 | 14 | Disease of Heart | 28.2 | 34 |
| % p.c.p. M.D.'s Above 60 | 19% | | Malignant Neoplasms (cancer) | 18.0 | 20 |
| Emergency Room Visits/1000 Pop. | 565 | 2 | Cerebral Vascular | 9.7 | 22 |
| Emergency Rooms Most Frequented | | | Accidents | 2.7 | 31 |
| Deaconess | 172.4 | | Influenza & Pneumonia | 4.1 | 8 |
| E.J. Meyer Memorial | 153.6 | | Diabetes | 2.3 | 12 |
| Sisters | 69.5 | | Certain Causes Infant Mortality | 1.7 | 16 |
| | | | Arterio-Sclerosis | 0.4 | 38 |
| Index of Medical Underservice | 46.5 | 2 | Cirrhosis | 1.5 | 25 |
| | | | Bronchitis, Emph., Asthma | 1.0 | 35 |
| | | | All Other Causes | 18.5 | 5 |

UPPER EAST SIDE NEIGHBORHOOD

Upper East Side Neighborhood is a diverse neighborhood on the Eastern border of the City, consisting of at least two distinct populations: one Polish American and the other a rapidly growing Black population. The Polish community is separated by the P.C.R.R. into two smaller communities, Precious Blood and the Broadway-Fillmore area. The Black community is somewhat scattered between the Moselle-Genesee area and the Kenfield/Langfield Housing Projects.



- Health Center - 1. Proposed Human Services Center, Bailey-Broadway area.
- ★ Categorical Programs - Well-Baby Clinics

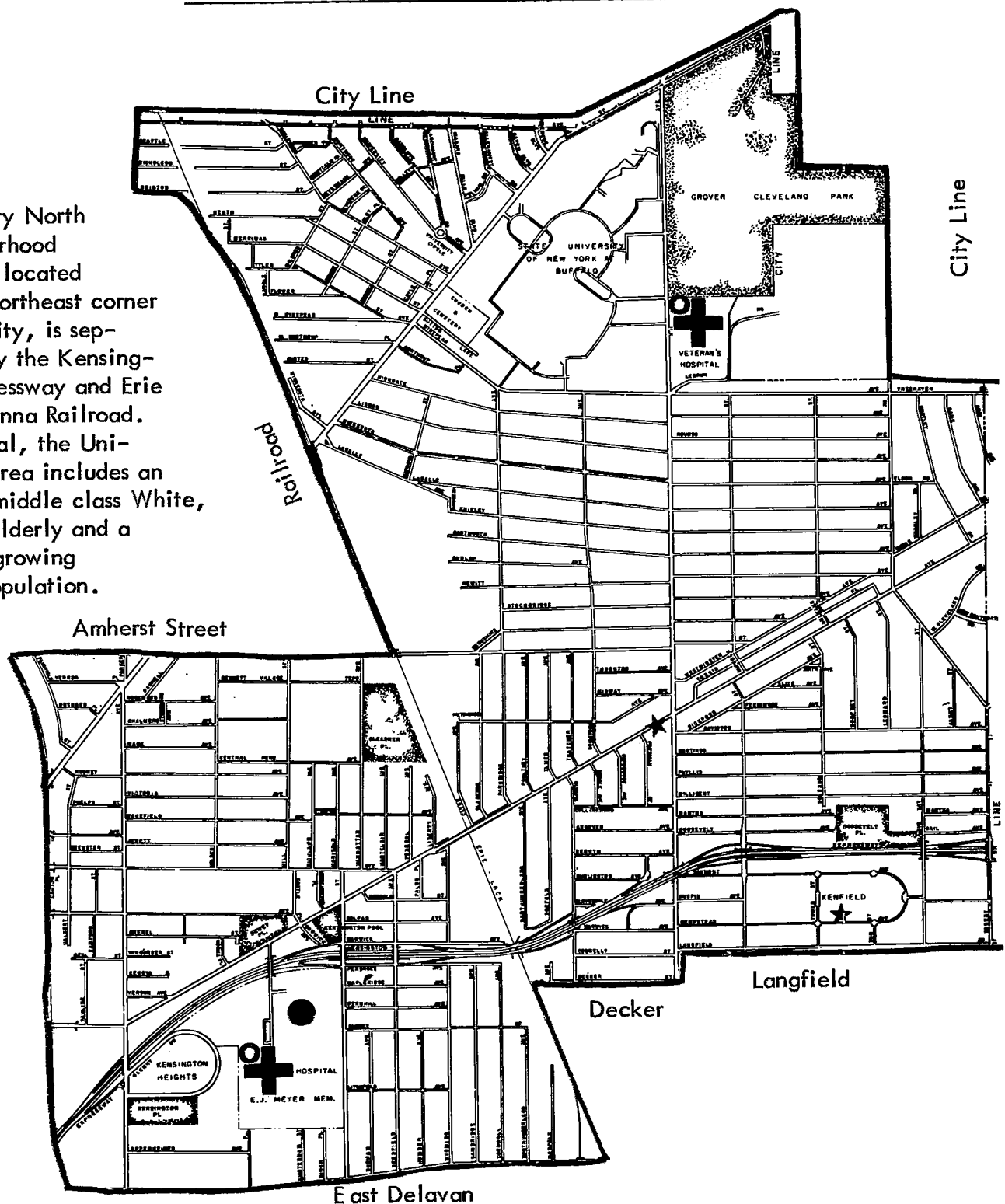
COMMUNITY PROFILE

UPPER EAST SIDE

| POPULATION CHARACTERISTICS | | | POPULATION CHARACTERISTICS | | |
|-----------------------------------|--------|----|--|-------|----|
| | | r | | | r |
| Population 1970 | 71,716 | 4 | % 65+ | 14.6 | 6 |
| % of County Total Population | 6.44 | | % Under 15 | 22.69 | 34 |
| 1985 Projected Population | 61,770 | | % Under 5 | 7.60 | 33 |
| Number Families | 19,489 | | % Females 15 - 44 | 18.44 | 35 |
| | | | % Black | 2.51 | 8 |
| ECONOMIC INDICATORS | | | VITAL STATISTICS | | |
| % Persons Below Poverty | 11.00 | 8 | Birth Rate/1000 Population | 13.1 | 15 |
| % Families Below Poverty | 30.01 | | Infant Mortality/1000 Live Births | 34.0 | 25 |
| % Families Below Twice Poverty | 30.01 | 10 | Incidence of Tuberculosis/1000 Pop. | 23.4 | 6 |
| Median Family Income | 87.88 | 34 | Death Rate Per 100,000 Population | 17.3 | 39 |
| % Households Without Auto | 33.15 | 34 | | | |
| RESOURCE & UTILIZATION INDICATORS | | | LEADING CAUSES OF DEATH PER 100,000 POP. | | |
| Primary Care Physicians/1000 Pop. | 0.32 | 22 | Disease of Heart | 56.1 | 5 |
| % p.c.p. M.D.'s Above 60 | 55% | | Malignant Neoplasms (cancer) | 31.7 | 3 |
| Emergency Room Visits/1000 Pop. | 308 | 9 | Cerebral Vascular | 13.9 | 11 |
| Emergency Rooms Most Frequented | | | Accidents | 4.0 | 20 |
| St. Joseph's Intercommunity | 79.4 | | Influenza & Pneumonia | 4.0 | 9 |
| E.J. Meyer Memorial | 79.0 | | Diabetes | 3.6 | 7 |
| Deaconess | 41.1 | | Certain Causes Infant Mortality | 1.7 | 15 |
| | | | Arterio-Sclerosis | 2.6 | 14 |
| | | | Cirrhosis | 2.6 | 13 |
| | | | Bronchitis, Emph., Asthma | 2.0 | 17 |
| Index of Medical Underservice | 66.0 | 15 | All Other Causes | 17.3 | 9 |

UNIVERSITY NORTH EAST NEIGHBORHOOD

University North Neighborhood which is located in the Northeast corner of the City, is separated by the Kensington Expressway and Erie Lackawanna Railroad. In general, the University area includes an area of middle class White, retired elderly and a rapidly growing Black Population.



Hospitals with Outpatient Departments

1. Meyer Memorial Hospital
2. Veterans Hospital



Health Center

1. Buffalo Family Care
(Human Services Center)

★Categorical Programs
Well-Baby Clinics

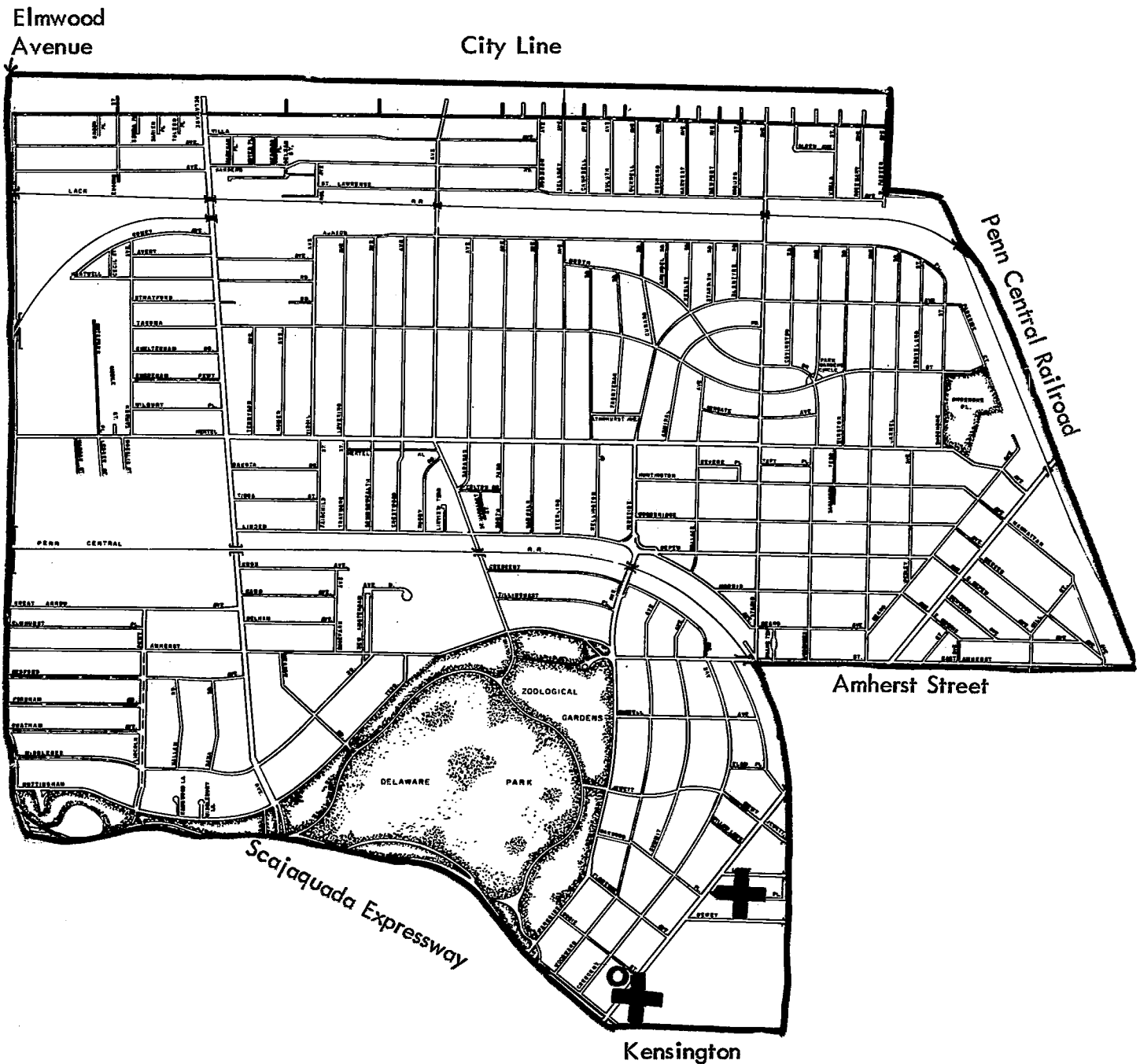
COMMUNITY PROFILE

UNIVERSITY/NORTH SIDE

| POPULATION CHARACTERISTICS | | r | POPULATION CHARACTERISTICS | | r |
|-----------------------------------|--------|----|--|-------|----|
| Population 1970 | 49,338 | 9 | % 65+ | 16.9 | 3 |
| % of County Total Population | 4.43 | | % Under 15 | 21.32 | 36 |
| 1985 Projected Population | 41,895 | | % Under 5 | 6.74 | 36 |
| Number Families | 12,452 | | % Females 15 - 44 | 20.70 | 10 |
| | | | % Black | 8.54 | 5 |
| ECONOMIC INDICATORS | | | VITAL STATISTICS | | |
| % Persons Below Poverty | 10.85 | 9 | Birth Rate/1000 Population | 10.7 | 32 |
| % Families Below Poverty | 6.79 | | Infant Mortality/1000 Live Births | 19.2 | 21 |
| % Families Below Twice Poverty | 25.03 | 15 | Incidence of Tuberculosis/1000 Pop. | 19.1 | 10 |
| Median Family Income | 9,595 | 29 | Death Rate Per 100,000 Population | 17.6 | 8 |
| % Households Without Auto | 23.26 | 29 | LEADING CAUSES OF DEATH PER 100,000 POP. | | |
| RESOURCE & UTILIZATION INDICATORS | | | Disease of Heart | 46.8 | 9 |
| Primary Care Physicians/1000 Pop. | 0.64 | 33 | Malignant Neoplasms (cancer) | 22.1 | 10 |
| % p.c.p. M.D.'s Above 60 | 38% | | Cerebral Vascular | 16.4 | 5 |
| Emergency Room Visits/1000 Pop. | 336 | 7 | Accidents | 1.4 | 37 |
| Emergency Rooms Most Frequented | | | Influenza & Pneumonia | 4.9 | 7 |
| E.J. Meyer Memorial | 147.6 | | Diabetes | 2.0 | 16 |
| Sisters | 66.4 | | Certain Causes Infant Mortality | 1.4 | 25 |
| Deaconess | 35.3 | | Arterio-Sclerosis | 1.8 | 13 |
| Index of Medical Underservice | 72.3 | 22 | Cirrhosis | 2.2 | 7 |
| | | | Bronchitis, Emph., Asthma | 2.0 | 7 |
| | | | All Other Causes | 17.6 | 8 |

NORTH BUFFALO NEIGHBORHOOD

North Buffalo Neighborhood, as described for this study, is on the Northern border of Buffalo, centrally located between Blackrock and University Neighborhoods. This district extends North and South from City line to Scajaquada Expressway, and East to West from Elmwood Avenue to Penn Central Railroad. In general, this area includes a stable, White, wealthy professional population.



-  Hospital
- St. Francis Hospital
-  Hospital with Out-Patient Department
- 1. Sisters Hospital

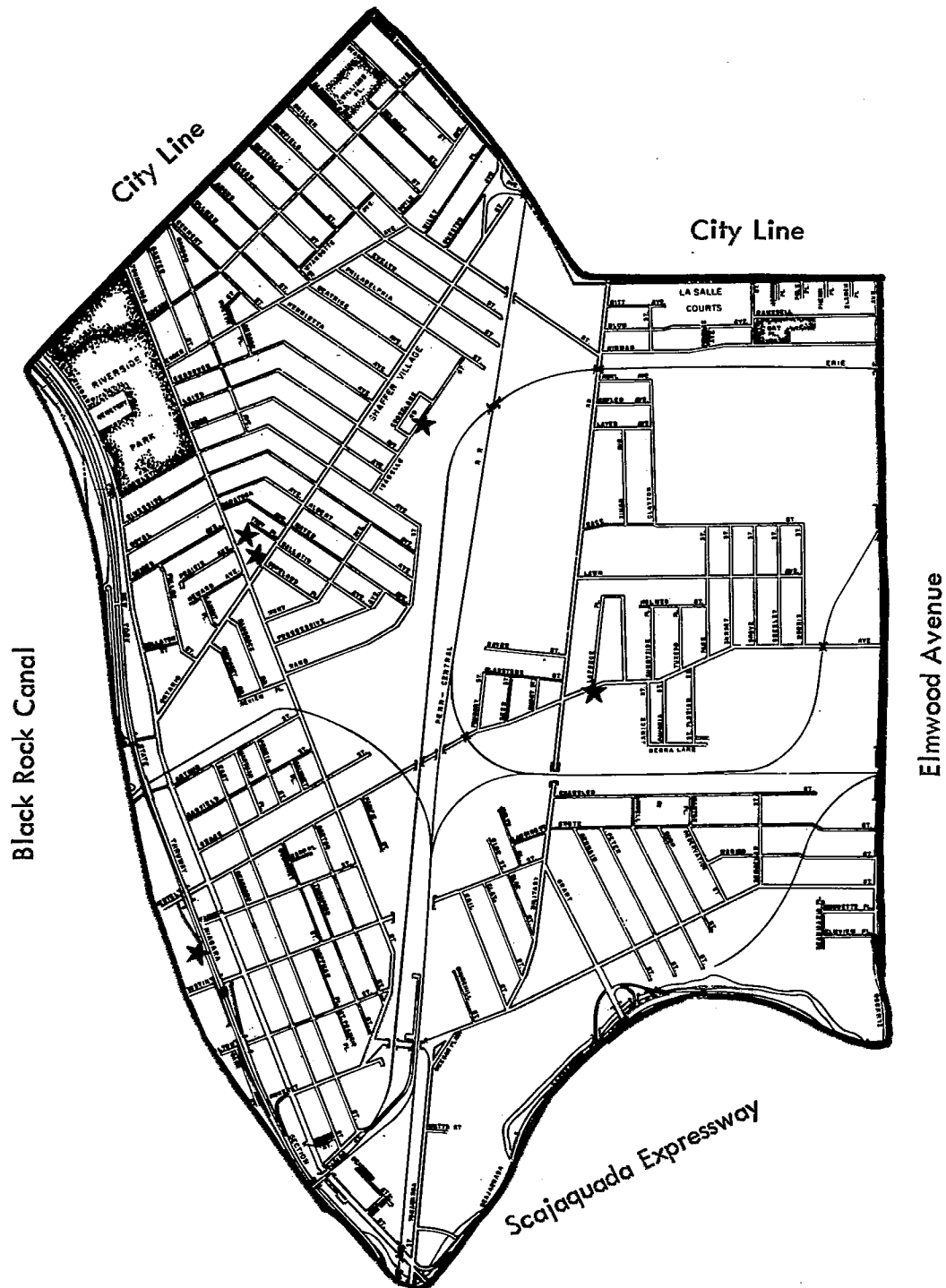
COMMUNITY PROFILE

NORTH BUFFALO

| POPULATION CHARACTERISTICS | | | POPULATION CHARACTERISTICS | | |
|-----------------------------------|--------|----|--|-------|----|
| | | r | | | r |
| Population 1970 | 41,831 | 12 | % 65+ | 16.0 | 5 |
| % of County Total Population | 3.77 | | % Under 15 | 21.72 | 38 |
| 1985 Projected Population | 37,875 | | % Under 5 | 6.47 | 37 |
| Number Families | 11,051 | | % Females 15 - 44 | 19.87 | 25 |
| | | | % Black | | |
| ECONOMIC INDICATORS | | | VITAL STATISTICS | | |
| % Persons Below Poverty | 7.18 | 18 | Birth Rate/1000 Population | 11.4 | 30 |
| % Families Below Poverty | 17.15 | 30 | Infant Mortality/1000 Live Births | 15.0 | 13 |
| % Families Below Twice Poverty | 11,262 | 13 | Incidence of Tuberculosis/1000 Pop. | 14.3 | 13 |
| Median Family Income | 17.79 | 27 | Death Rate Per 100,000 Population | 16.9 | 11 |
| % Households Without Auto | | | | | |
| RESOURCE & UTILIZATION INDICATORS | | | LEADING CAUSES OF DEATH PER 100,000 POP. | | |
| Primary Care Physicians/1000 Pop. | 0.78 | 36 | Disease of Heart | 48.8 | 6 |
| % p.c.p. M.D.'s Above 60 | 29% | | Malignant Neoplasms (cancer) | 23.8 | 5 |
| Emergency Room Visits/1000 Pop. | 238 | 15 | Cerebral Vascular | 17.1 | 3 |
| Emergency Rooms Most Frequented | | | Accidents | 2.9 | 28 |
| Sisters | 58.2 | | Influenza & Pneumonia | 3.1 | 15 |
| Kenmore Mercy | 41.2 | | Diabetes | 1.9 | 17 |
| Millard Fillmore | 37.1 | | Certain Causes Infant Mortality | 1.4 | 26 |
| | | | Arterio-Sclerosis | 2.9 | 10 |
| | | | Cirrhosis | 1.9 | 20 |
| | | | Bronchitis, Emph., Asthma | 1.0 | 35 |
| Index of Medical Underservice | 82.4 | 36 | All Other Causes | 16.9 | 11 |

BLACK ROCK/RIVERSIDE NEIGHBORHOOD

Black Rock/Riverside Neighborhood is located in the North West Corner of the City and is somewhat separated North to South by the Penn Central Railroad. This population includes rather large Italian and Polish families of low income.



- ★ Categorical Programs:
 Family Planning
 Cervical Cancer Screening
 Well-Baby Clinics

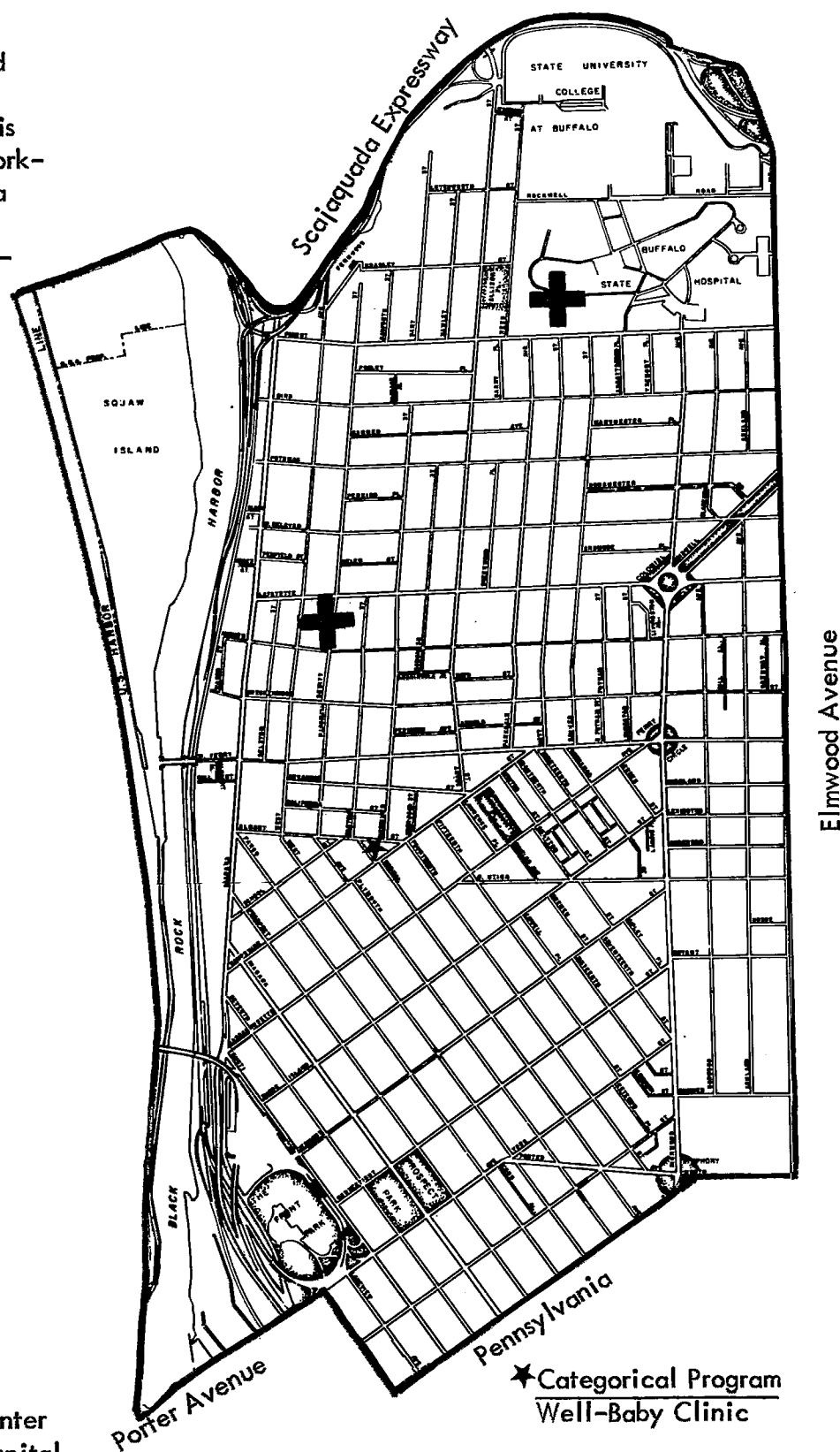
COMMUNITY PROFILE

BLACK ROCK/RIVERSIDE

| POPULATION CHARACTERISTICS | | | POPULATION CHARACTERISTICS | | |
|---|--------|----|---|-------|----|
| | | r | | | r |
| Population 1970 _____ | 31,065 | 13 | % 65+ _____ | 12.0 | 9 |
| % of County Total Population _____ | 2.78 | | % Under 15 _____ | 25.27 | 31 |
| 1985 Projected Population _____ | 27,560 | | % Under 5 _____ | 8.01 | 23 |
| Number Families _____ | 8,265 | | % Females 15 - 44 _____ | 19.29 | 31 |
| | | | % Black _____ | 1.54 | 11 |
| ECONOMIC INDICATORS | | | VITAL STATISTICS | | |
| % Persons Below Poverty _____ | 10.58 | 11 | Birth Rate/1000 Population _____ | 13.3 | 13 |
| % Families Below Poverty _____ | 8.19 | | Infant Mortality/1000 Live Births _____ | 22.0 | 30 |
| % Families Below Twice Poverty _____ | 29.89 | 11 | Incidence of Tuberculosis/1000 Pop. _____ | 16.8 | 11 |
| Median Family Income _____ | 9,135 | 32 | Death Rate Per 100,000 Population _____ | 13.9 | 14 |
| % Households Without Auto _____ | 26.81 | 31 | | | |
| RESOURCE & UTILIZATION INDICATORS | | | LEADING CAUSES OF DEATH PER 100,000 POP. | | |
| Primary Care Physicians/1000 Pop. _____ | 0.27 | 19 | Disease of Heart _____ | 57.5 | 4 |
| % p.c.p. M.D.'s Above 60 _____ | 67% | | Malignant Neoplasms (cancer) _____ | 26.5 | 4 |
| Emergency Room Visits/1000 Pop. _____ | 266 | 13 | Cerebral Vascular _____ | 11.3 | 16 |
| Emergency Rooms Most Frequented _____ | | | Accidents _____ | 5.5 | 14 |
| Kenmore Mercy _____ | 97.1 | | Influenza & Pneumonia _____ | 1.6 | 31 |
| Millard Fillmore _____ | 49.6 | | Diabetes _____ | 1.6 | 24 |
| E.J. Meyer Memorial _____ | 25.2 | | Certain Causes Infant Mortality _____ | 2.3 | 10 |
| | | | Arterio-Sclerosis _____ | 1.9 | 21 |
| Index of Medical Underservice _____ | 63.3 | 11 | Cirrhosis _____ | 4.8 | 2 |
| | | | Bronchitis, Emph., Asthma _____ | 1.3 | 27 |
| | | | All Other Causes _____ | 13.9 | 24 |

UPPER WEST SIDE NEIGHBORHOOD

Upper West Side is located on the Western border of Buffalo. In general, this is a predominantly Italian working class community with a young student population centered around State University College - Elmwood Ave. area. The Puerto Rican community is fairly small and is centered primarily around the Pennsylvania and Prospect area.



- +** Hospitals:
1. Buffalo Psychiatric Center
 2. Lafayette General Hospital

★ Categorical Program
Well-Baby Clinic

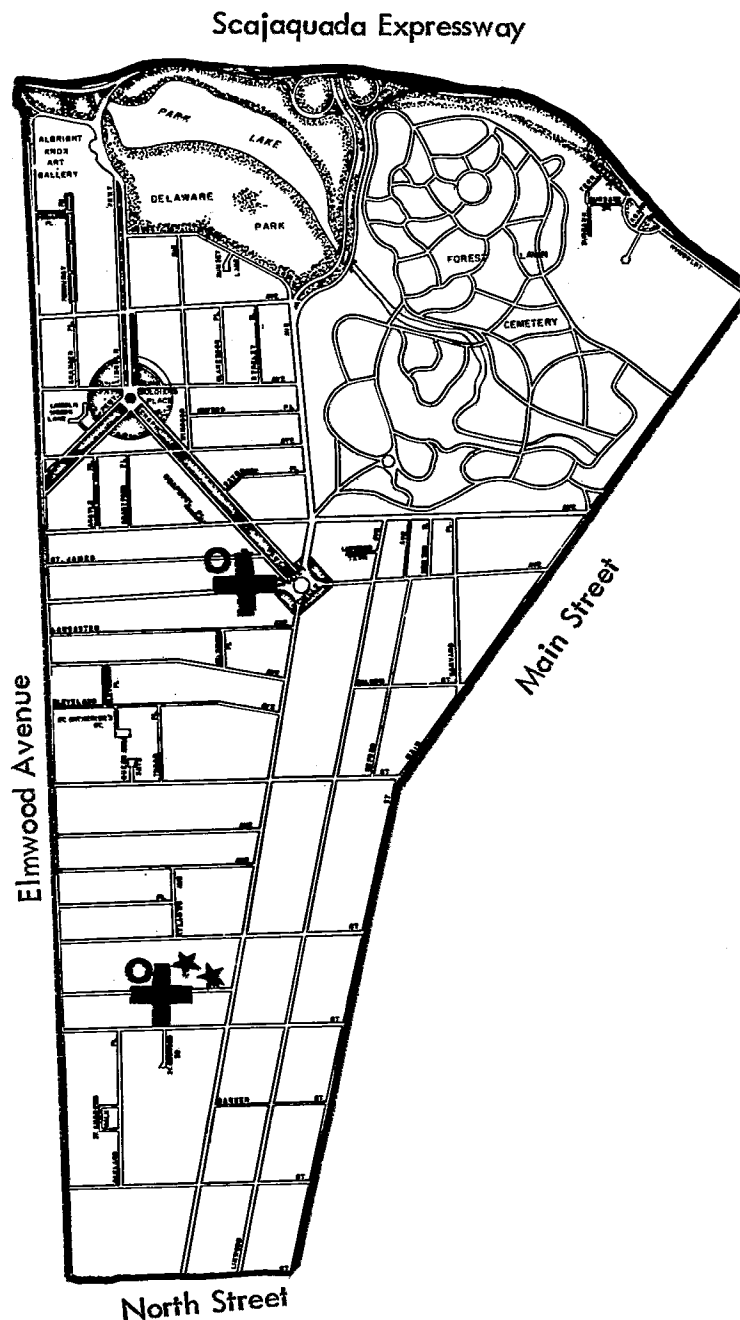
COMMUNITY PROFILE

UPPER WEST SIDE

| POPULATION CHARACTERISTICS | | | POPULATION CHARACTERISTICS | | |
|---|--------|----|---|-------|----|
| | | r | | | r |
| Population 1970 _____ | 56,834 | 5 | % 65+ _____ | 13.0 | 7 |
| % of County Total Population _____ | 5.10 | | % Under 15 _____ | 22.79 | 33 |
| 1985 Projected Population _____ | 50,660 | | % Under 5 _____ | 7.70 | 31 |
| Number Families _____ | 13,112 | | % Females 15 - 44 _____ | 23.29 | 1 |
| | | | % Black _____ | 1.36 | 13 |
| ECONOMIC INDICATORS | | | VITAL STATISTICS | | |
| % Persons Below Poverty _____ | 14.39 | 5 | Birth Rate/1000 Population _____ | 12.0 | 25 |
| % Families Below Poverty _____ | 12.74 | | Infant Mortality/1000 Live Births _____ | 21.1 | 27 |
| % Families Below Twice Poverty _____ | 32.23 | 6 | Incidence of Tuberculosis/1000 Pop. _____ | | |
| Median Family Income _____ | 8,224 | 36 | Death Rate Per 100,000 Population _____ | 16.0 | 12 |
| % Households Without Auto _____ | 33.96 | 35 | | | |
| RESOURCE & UTILIZATION INDICATORS | | | LEADING CAUSES OF DEATH PER 100,000 POP. | | |
| Primary Care Physicians/1000 Pop. _____ | 0.38 | 25 | Disease of Heart _____ | 40.4 | 14 |
| % p.c.p. M.D.'s Above 60 _____ | 52% | | Malignant Neoplasms (cancer) _____ | 20.3 | 13 |
| Emergency Room Visits/1000 Pop. _____ | 314 | 8 | Cerebral Vascular _____ | 8.3 | 30 |
| Emergency Rooms Most Frequented _____ | | | Accidents _____ | 4.1 | 19 |
| Millard Fillmore _____ | 77.4 | | Influenza & Pneumonia _____ | 3.9 | 11 |
| Childrens _____ | 46.7 | | | | |
| E.J. Meyer Memorial _____ | 39.4 | | Diabetes _____ | 2.1 | 13 |
| | | | Certain Causes Infant Mortality _____ | 1.6 | 17 |
| | | | Arterio-Sclerosis _____ | 2.6 | 14 |
| | | | Cirrhosis _____ | 1.4 | 29 |
| | | | Bronchitis, Emph., Asthma _____ | 2.5 | 11 |
| Index of Medical Underservice _____ | 63.8 | 13 | All Other Causes _____ | 16.0 | 12 |

DELAWARE NEIGHBORHOOD

Delaware Neighborhood is a residential neighborhood, which includes a relatively stable population of primarily middle class to upper income White families. This area is further characterized by a high elderly population. Elmwood Avenue serves as the main shopping area for the residents of the Delaware District.



Hospital with Out-patient Department
1. Millard Fillmore Hospital



Hospital with Out-patient Department and Categorical Programs
1. Children's Hospital,
Lead Program
Well-Baby Clinic

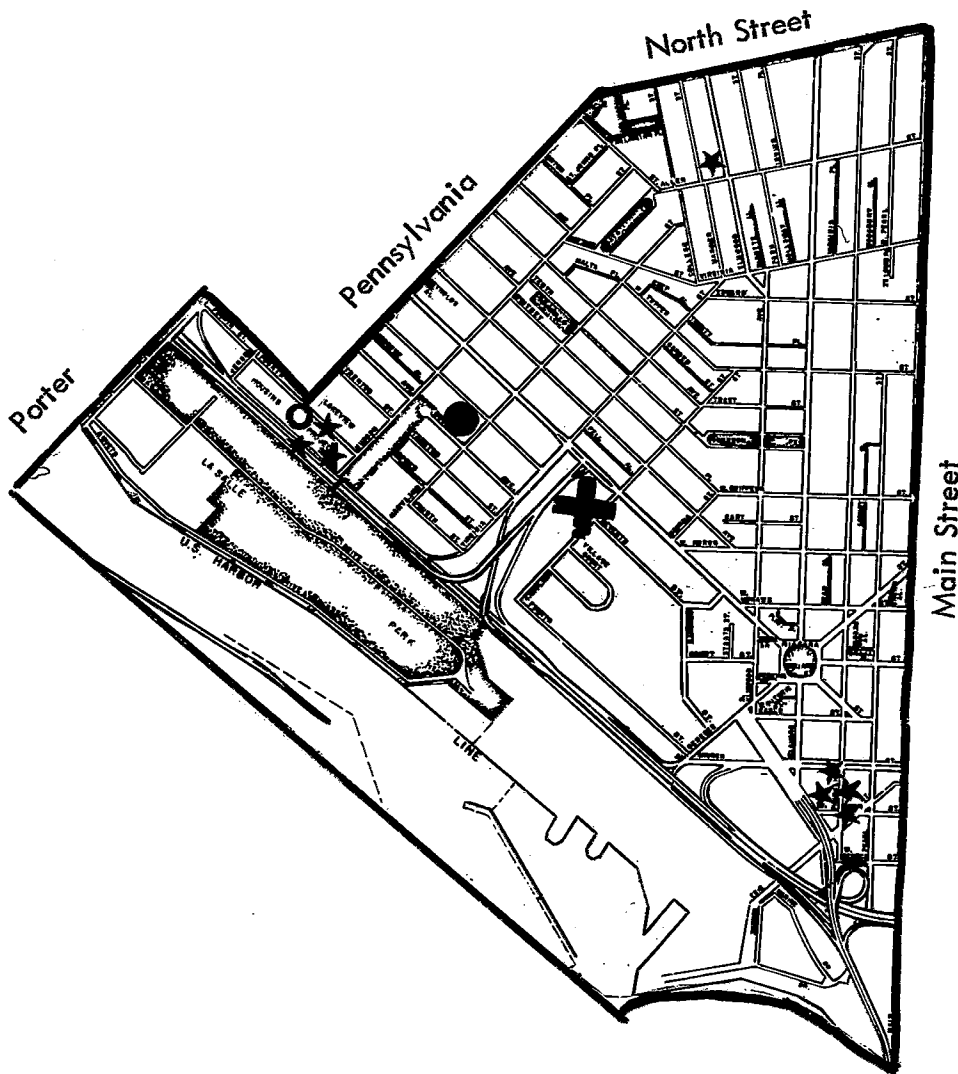
COMMUNITY PROFILE

DELAWARE

| POPULATION CHARACTERISTICS | | | POPULATION CHARACTERISTICS | | |
|-----------------------------------|--------|----|--|-------|----|
| | | r | | | r |
| Population 1970 | 14,763 | 21 | % 65+ | 24.9 | 1 |
| % of County Total Population | 1:34 | | % Under 15 | 13.96 | 39 |
| 1985 Projected Population | 13,600 | | % Under 5 | 4.08 | 39 |
| Number Families | 3,351 | | % Females 15 - 44 | 20.03 | 23 |
| | | | % Black | 8.60 | 4 |
| ECONOMIC INDICATORS | | | VITAL STATISTICS | | |
| % Persons Below Poverty | 10.49 | 12 | Birth Rate/1000 Population | 7.6 | 40 |
| % Families Below Poverty | 4.66 | | Infant Mortality/1000 Live Births | 16.8 | 16 |
| % Families Below Twice Poverty | 18.23 | 26 | Incidence of Tuberculosis/1000 Pop. | 8.1 | 25 |
| Median Family Income | 12,406 | 4 | Death Rate Per 100,000 Population | 28.2 | 3 |
| % Households Without Auto | 30.88 | 32 | | | |
| RESOURCE & UTILIZATION INDICATORS | | | LEADING CAUSES OF DEATH PER 100,000 POP. | | |
| Primary Care Physicians/1000 Pop. | 5.13 | 39 | Disease of Heart | 69.3 | 2 |
| % p.c.p. M.D.'s Above 60 | 37% | | Malignant Neoplasms (cancer) | 37.7 | 1 |
| Emergency Room Visits/1000 Pop. | 286 | 12 | Cerebral Vascular | 14.1 | 10 |
| Emergency Rooms Most Frequented | | | Accidents | 3.4 | 23 |
| Millard Fillmore | 92.7 | | Influenza & Pneumonia | 7.4 | 2 |
| E.J. Meyer Memorial | 59.1 | | Diabetes | 4.7 | 3 |
| Buffalo General | 33.2 | | Certain Causes Infant Mortality | 1.6 | 19 |
| | | | Arterio-Sclerosis | 8.1 | 1 |
| Index of Medical Underservice | 70.5 | 19 | Cirrhosis | 1.3 | 30 |
| | | | Bronchitis, Emph., Asthma | 2.0 | 17 |
| | | | All Other Causes | 28.2 | 3 |

LOWER WEST SIDE NEIGHBORHOOD

Lower West Side Neighborhood is bordered on the West by Lake Erie and to the East by Main Street. The Northern boundaries are comprised of several streets; Porter, Pennsylvania and North. In general, the Lower West Side can be characterized by both a highly concentrated Puerto Rican and Italian population with a smaller Black and Native American population. There is also a large transient population composed of derelicts, alcoholics and other homeless people living near the Chippewa Street area, as well as a number of young middle class professionals centered around the Johnson Park area.



- +** Hospital
- 1. Columbus Hospital
- West Side Health Center with Categorical Programs - MIC, Lead

- Proposed West Side Human Service Center
- ★** Categorical Programs
Family Planning, Lead,
MIC, Cervical Cancer
Well-Baby Clinics

COMMUNITY PROFILE

LOWER WEST SIDE

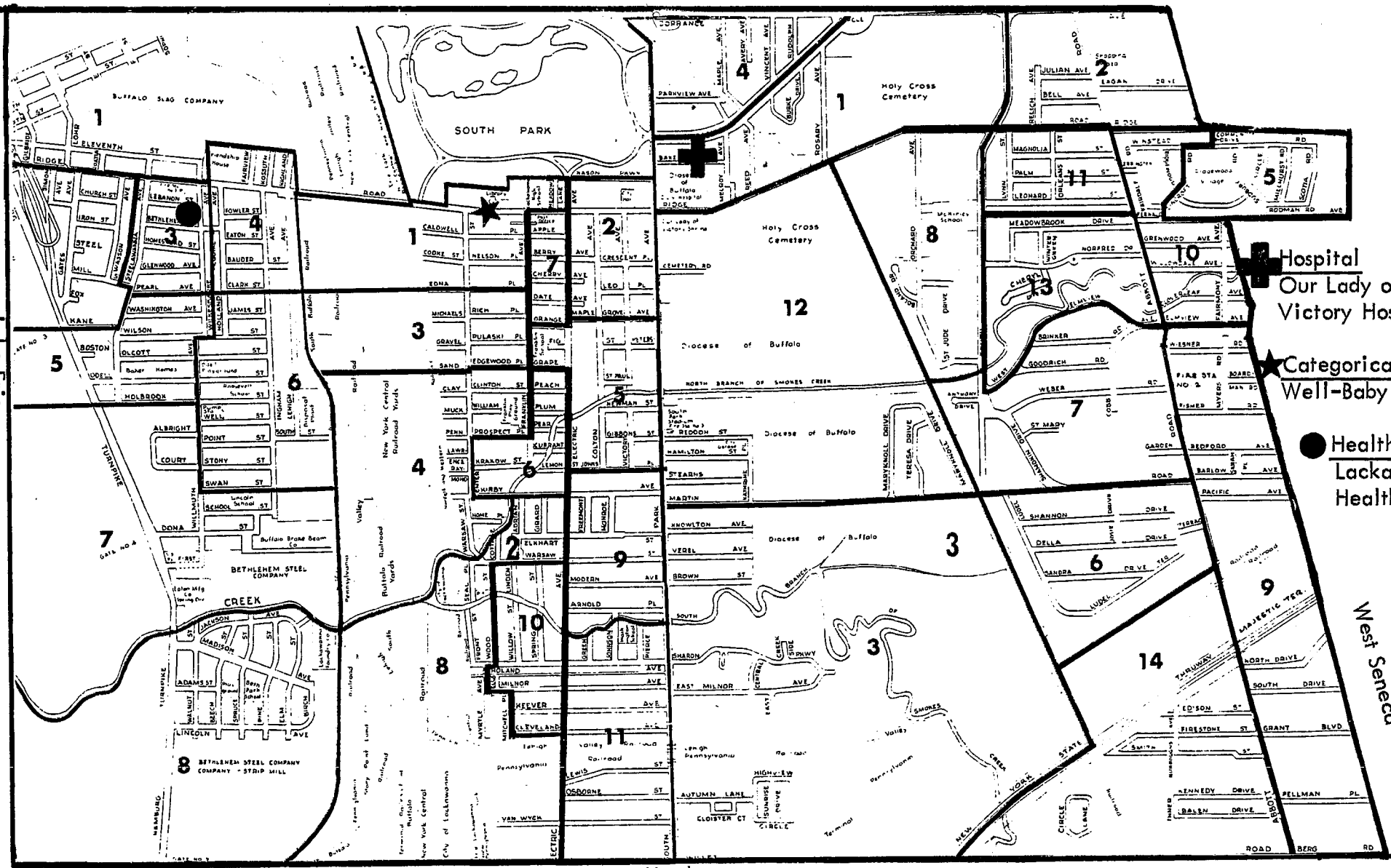
| POPULATION CHARACTERISTICS | | | POPULATION CHARACTERISTICS | | |
|-----------------------------------|--------|----|--|-------|----|
| | | r | | | r |
| Population 1970 | 18,684 | 18 | % 65+ | 16.7 | 4 |
| % of County Total Population | 1.6 | | % Under 15 | 22.23 | 35 |
| 1985 Projected Population | 24,545 | | % Under 5 | 7.70 | 32 |
| Number Families | 3,934 | | % Females 15 - 44 | 17.65 | 6 |
| | | | % Black | | |
| ECONOMIC INDICATORS | | | VITAL STATISTICS | | |
| % Persons Below Poverty | 27.50 | 2 | Birth Rate/1000 Population | 15.8 | 4 |
| % Families Below Poverty | 21.94 | | Infant Mortality/1000 Live Births | 27.1 | 37 |
| % Families Below Twice Poverty | 46.69 | 2 | Incidence of Tuberculosis/1000 Pop. | 43.9 | 3 |
| Median Family Income | 68.02 | 38 | Death Rate Per 100,000 Population | 30.5 | 2 |
| % Households Without Auto | 60.66 | 38 | | | |
| RESOURCE & UTILIZATION INDICATORS | | | LEADING CAUSES OF DEATH PER 100,000 POP. | | |
| Primary Care Physicians/1000 Pop. | 0.13 | 11 | Disease of Heart | 86.8 | 1 |
| % p.c.p. M.D.'s Above 60 | 100% | | Malignant Neoplasms (cancer) | 35.9 | 2 |
| Emergency Room Visits/1000 Pop. | 521 | 3 | Cerebral Vascular | 23.0 | 1 |
| Emergency Rooms Most Frequented | | | Accidents | 10.7 | 4 |
| Buffalo Columbus | 142.8 | | Influenza & Pneumonia | 5.9 | 3 |
| Buffalo General | 108.6 | | Diabetes | 3.2 | 8 |
| E.J. Meyer Memorial | 75.2 | | Certain Causes Infant Mortality | 1.6 | 18 |
| | | | Arterio-Sclerosis | 4.3 | 7 |
| | | | Cirrhosis | 4.3 | 3 |
| | | | Bronchitis, Emph., Asthma | 4.8 | 3 |
| Index of Medical Underservice | 39.2 | 1 | All Other Causes | 30.5 | 2 |




CITY OF LACKAWANNA

The City of Lackawanna is geographically bounded on the West by Lake Erie and Bethlehem Steel Corporation; on the East by New York Central, Lehigh and Pennsylvania Railroad tracks; the North by Shenanga Steel Company, Lehigh Cement Company and the City of Buffalo; on the South by Bethlehem Steel Corporation and the Town of Hamburg. This area is completely surrounded by heavy industrial land use with Bethlehem Steel Corporation the community's principal employer. The bulk of the minority population is in the First Ward of Lackawanna. The ethnic backgrounds of Lackawanna consist of Blacks, Puerto Rican, Yemenite (Arabian), Mexican Americans, Italian, Native Americans and Polish. The First Ward lacks a drug store, cab company and major shopping areas. The Lackawanna area is a low middle income area of working class with very high unemployment rate.

22

Lake Erie



-  Hospital
Our Lady of Victory Hospital
-  Categorical Program
Well-Baby Clinic
-  Health Center
Lackawanna Health Center

Hamburg

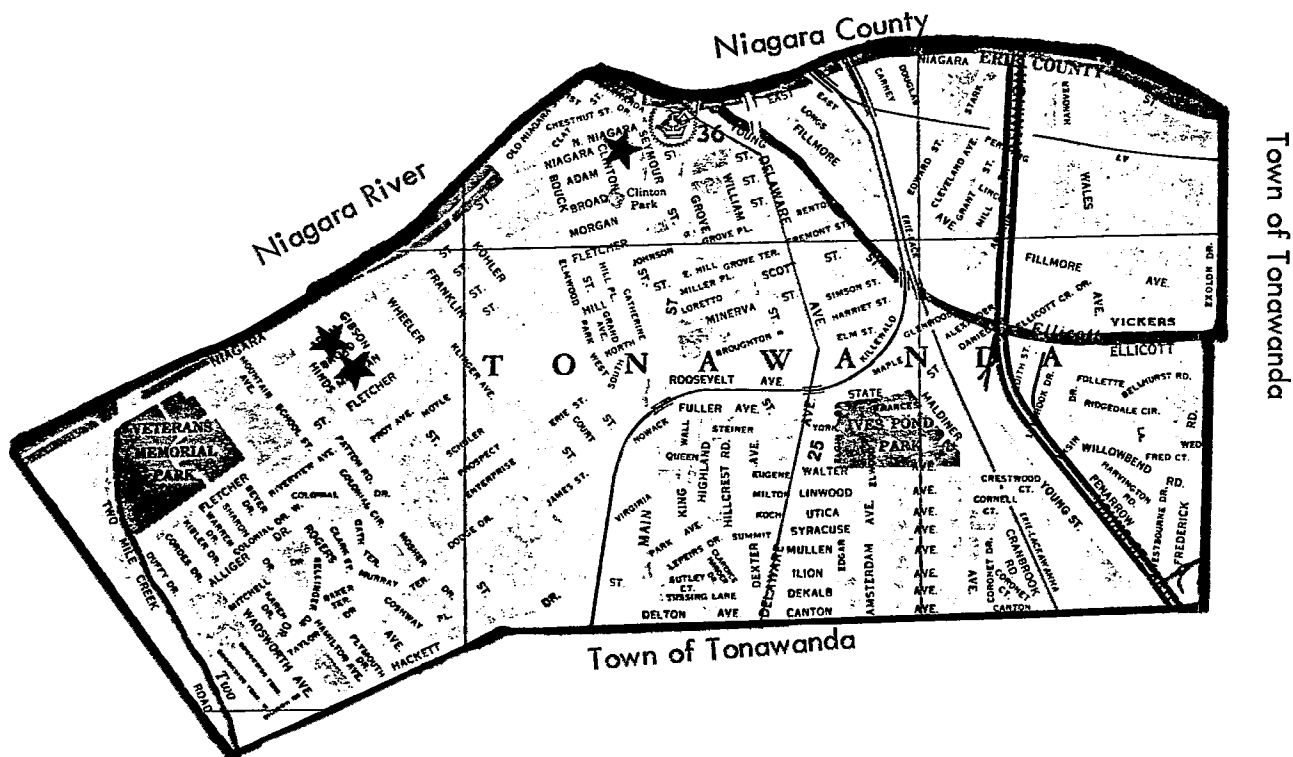
West Seneca

C O M M U N I T Y P R O F I L E
L A C K A W A N N A

| POPULATION CHARACTERISTICS | | | POPULATION CHARACTERISTICS | | |
|---|--------|----|---|-------|----|
| | | r | | | r |
| Population 1970 _____ | 28,657 | 15 | % 65+ _____ | 7.8 | 25 |
| % of County Total Population _____ | 2.57 | | % Under 15 _____ | 28.83 | 29 |
| 1985 Projected Population _____ | 27,125 | | % Under 5 _____ | 9.7 | 7 |
| Number Families _____ | 7,210 | | % Females 15 - 44 _____ | 21.1 | 7 |
| | | | % Black _____ | 9.87 | 3 |
| ECONOMIC INDICATORS | | | VITAL STATISTICS | | |
| % Persons Below Poverty _____ | 9.76 | 14 | Birth Rate/1000 Population _____ | 13.0 | 5 |
| % Families Below Poverty _____ | 7.61 | | Infant Mortality/1000 Live Births _____ | 21.0 | 26 |
| % Families Below Twice Poverty _____ | 25.21 | 14 | Incidence of Tuberculosis/1000 Pop. _____ | 25.1 | 5 |
| Median Family Income _____ | 9,898 | 24 | Death Rate Per 100,000 Population _____ | 93.2 | 18 |
| % Households Without Auto _____ | 24.50 | 30 | | | |
| RESOURCE & UTILIZATION INDICATORS | | | LEADING CAUSES OF DEATH PER 100,000 POP. | | |
| Primary Care Physicians/1000 Pop. _____ | 0.36 | 24 | Disease of Heart _____ | 37.3 | 17 |
| % p.c.p. M.D.'s Above 60 _____ | 47 | | Malignant Neoplasms (cancer) _____ | 16.1 | 27 |
| Emergency Room Visits/1000 Pop. _____ | 304 | 11 | Cerebral Vascular _____ | 7.3 | 33 |
| Emergency Rooms Most Frequented _____ | | | Accidents _____ | 5.6 | 13 |
| Our Lady of Victory _____ | 198.7 | | Influenza & Pneumonia _____ | 3.5 | 12 |
| South Buffalo Mercy _____ | 57.2 | | Diabetes _____ | 4.9 | 2 |
| E.J. Meyer Memorial _____ | 21.8 | | Certain Causes Infant Mortality _____ | 4.2 | 5 |
| | | | Arterio-Sclerosis _____ | 0.3 | 39 |
| | | | Cirrhosis _____ | 3.5 | 8 |
| | | | Bronchitis, Emph., Asthma _____ | 1.0 | 35 |
| Index of Medical Underservice _____ | 69.5 | 18 | All Other Causes _____ | 9.4 | 27 |

CITY OF TONAWANDA

The City of Tonawanda located 10 miles North of Buffalo on the Barge Canal and Niagara River, was incorporated as a city in 1903. Its population in 1970 was 21,581 and has remained quite steady. There is some water front area which could be developed for residential use, but for the most part the rest of the city has little room for residential expansion. The community is predominately White with very little minority population. The majority of the people are blue collar workers in the middle or lower income bracket. There is some industry in the city, the largest industrial employers being Spaulding Fiber and Columbus McKinnon.



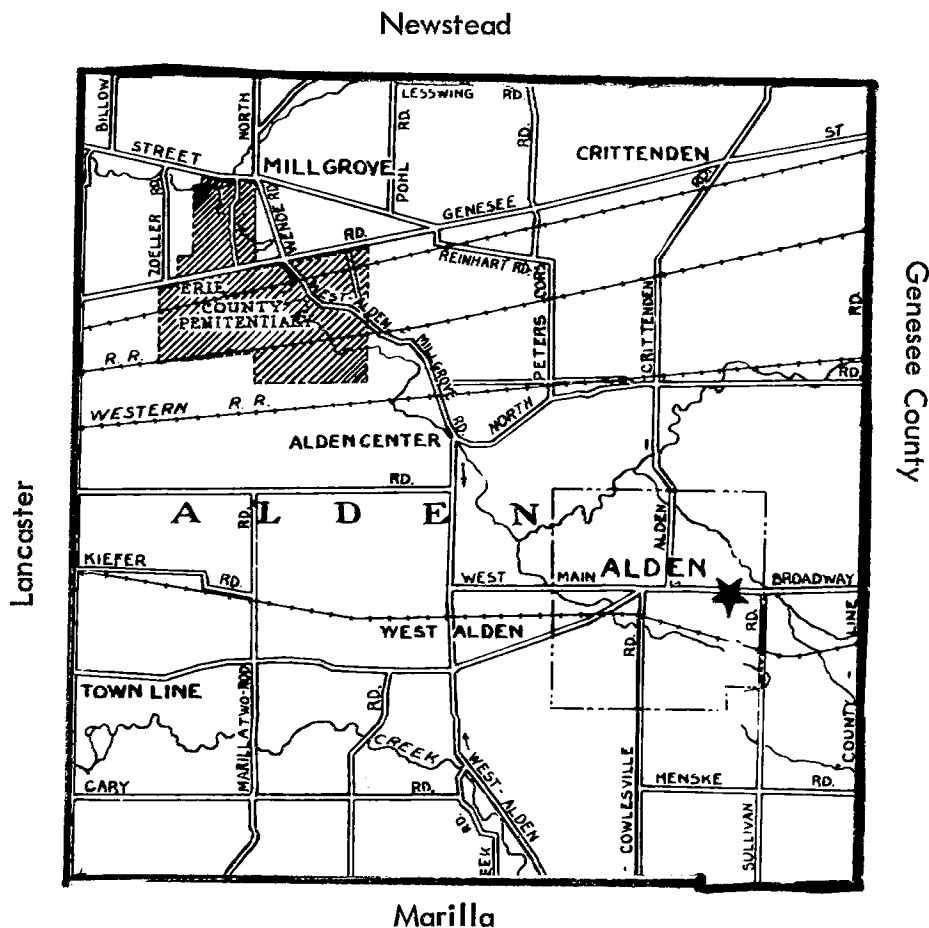
★ Categorical Programs:
 Family Planning,
 Cervical Cancer Screening
 Well-Baby Clinics

C O M M U N I T Y P R O F I L E
T O N A W A N D A C I T Y

| POPULATION CHARACTERISTICS | | r | POPULATION CHARACTERISTICS | | r |
|-----------------------------------|--------|----|--|-------|----|
| Population 1970 | 21,898 | 16 | % 65+ | 8.91 | 17 |
| % of County Total Population | 1.97 | | % Under 15 | 29.85 | 26 |
| 1985 Projected Population | | | % Under 5 | 7.80 | 28 |
| Number Families | 5,694 | | % Females 15 - 44 | 20.53 | 15 |
| | | | % Black | 0.0 | 32 |
| ECONOMIC INDICATORS | | | VITAL STATISTICS | | |
| % Persons Below Poverty | 7.0 | 19 | Birth Rate/1000 Population | 12.7 | 34 |
| % Families Below Poverty | 6.06 | | Infant Mortality/1000 Live Births | 12.7 | 7 |
| % Families Below Twice Poverty | 21.85 | 21 | Incidence of Tuberculosis/1000 Pop. | 7.3 | 20 |
| Median Family Income | 10,521 | 19 | Death Rate Per 100,000 Population | 79.9 | 30 |
| % Households Without Auto | 11.94 | 24 | | | |
| RESOURCE & UTILIZATION INDICATORS | | | LEADING CAUSES OF DEATH PER 100,000 POP. | | |
| Primary Care Physicians/1000 Pop. | 0.13 | 12 | Disease of Heart | 32.9 | 28 |
| % p.c.p. M.D.'s Above 60 | 100 | | Malignant Neoplasms (cancer) | 15.1 | 30 |
| Emergency Room Visits/1000 Pop. | 84 | 24 | Cerebral Vascular | 11.4 | 15 |
| Emergency Rooms Most Frequented | | | Accidents | 1.4 | 39 |
| Kenmore Mercy | 55.8 | | Influenza & Pneumonia | 2.3 | 21 |
| Millard Fillmore | 9.5 | | Diabetes | 1.8 | 23 |
| Buffalo General | 5.9 | | Certain Causes Infant Mortality | 1.4 | 28 |
| Index of Medical Underservice | 72.5 | 23 | Arterio-Sclerosis | 0.9 | 35 |
| | | | Cirrhosis | 2.7 | 13 |
| | | | Bronchitis, Emph., Asthma | 1.8 | 18 |
| | | | All Other Causes | 8.2 | 35 |

TOWN OF ALDEN

The Town of Alden is 36 square miles. Farming and manufacturing exist side by side. An industrial park has been developed, but the expansion of manufacturing is limited due to the lack of sewers. The population was 9,787 persons according to the 1970 census, with the Village of Alden and the Townline area being the population centers. The majority of residents are blue collar workers. The penitentiary and Erie County Home and Infirmary are both located in Alden and provide employment for local residents. Cayuga Creek flows through this primarily flat land. Three current railroad lines are routed through Alden. Residents are able to enjoy the 63-acre Alden Town Park, as well as three smaller parks. Year-round recreation programs have been developed for children and adults. Shopping is centered in the Village of Alden.



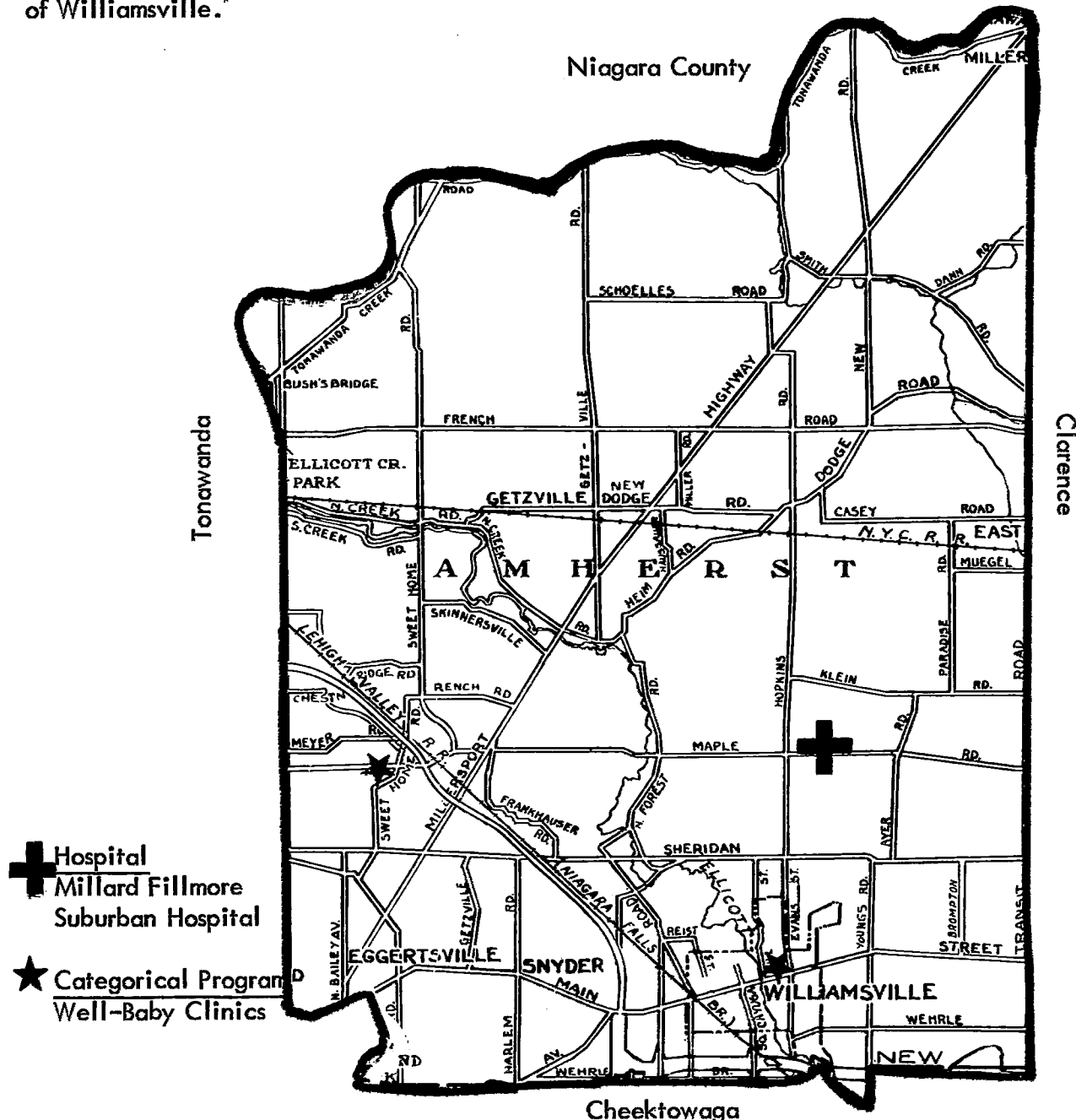
COMMUNITY PROFILE

ALDEN

| POPULATION CHARACTERISTICS | | | POPULATION CHARACTERISTICS | | |
|-----------------------------------|--------|----|--|-------|----|
| | | r | | | r |
| Population 1970 | 9,787 | 26 | % 65+ | 13.03 | 7 |
| % of County Total Population | 0.88 | | % Under 15 | 30.61 | 22 |
| 1985 Projected Population | 12,580 | | % Under 5 | 7.78 | 29 |
| Number Families | 2,026 | | % Females 15 - 44 | 18.27 | 37 |
| | | | % Black | 1.96 | 9 |
| ECONOMIC INDICATORS | | | VITAL STATISTICS | | |
| % Persons Below Poverty | 4.89 | 28 | Birth Rate/1000 Population | 11.2 | 31 |
| % Families Below Poverty | 4.24 | | Infant Mortality/1000 Live Births | 19.3 | 23 |
| % Families Below Twice Poverty | 18.71 | 25 | Incidence of Tuberculosis/1000 Pop. | 12.3 | 16 |
| Median Family Income | 10,930 | 14 | Death Rate Per 100,000 Population | 8.2 | 35 |
| % Households Without Auto | 5.04 | 7 | LEADING CAUSES OF DEATH PER 100,000 POP. | | |
| RESOURCE & UTILIZATION INDICATORS | | | Disease of Heart | 29.6 | 32 |
| Primary Care Physicians/1000 Pop. | 0.20 | 17 | Malignant Neoplasms (cancer) | 19.4 | 16 |
| % p.c.p. M.D.'s Above 60 | 50% | | Cerebral Vascular | 5.1 | 37 |
| Emergency Room Visits/1000 Pop. | 85 | 23 | Accidents | 9.2 | 5 |
| Emergency Rooms Most Frequented | | | Influenza & Pneumonia | 5.1 | 6 |
| St. Joseph's Intercommunity | 85.7 | | Diabetes | 1.0 | 36 |
| | | | Certain Causes Infant Mortality | 2.0 | 11 |
| | | | Arterio-Sclerosis | 1.0 | 34 |
| | | | Cirrhosis | 1.0 | 33 |
| | | | Bronchitis, Emph., Asthma | 1.0 | 35 |
| Index of Medical Underservice | 66.8 | 16 | All Other Causes | 8.2 | 35 |

TOWN OF AMHERST

The Town of Amherst covers approximately 55 square miles and has grown from a population of about 93,000 in 1970 to approximately 112,000 in 1974. The majority of the population is predominantly white and is presently concentrated in Snyder, Eggertsville and the Village of Williamsville, all of which are south of Maple Road. Two major housing developments presently under way will each accommodate about 26,000 persons in various living arrangements which include apartments, single homes, duplex and multiple dwellings. Much of this influx is due to the new State University of New York at Buffalo Campus, which is well under construction. Rosary Hill College, and Erie Community College, are also located in the town. Millard Fillmore Suburban Hospital was opened recently to serve the residents. Though much of the area is residential, it can be considered half urban and half rural. Industry is primarily limited to some research concerns. There is some diversified farming in the northern section of the town. The town has abundant shopping resources concentrated in the Sheridan Drive and Niagara Falls Boulevard area and the Main Street corridor of the Village of Williamsville.

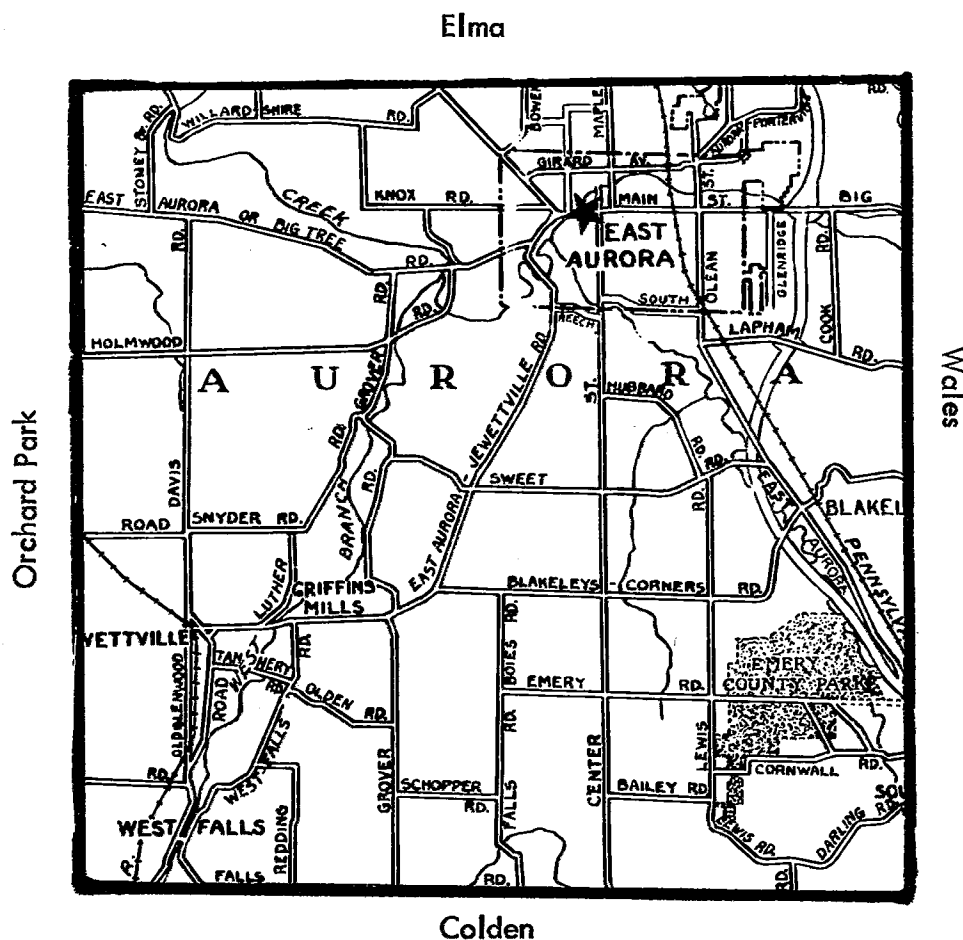


COMMUNITY PROFILE
AMHERST

| POPULATION CHARACTERISTICS | | | POPULATION CHARACTERISTICS | | |
|-----------------------------------|---------|----|--|-------|----|
| | | r | | | r |
| Population 1970 | 93,929 | 3 | % 65+ | 8.2 | 23 |
| % of County Total Population | 8.84 | | % Under 15 | 30.61 | 23 |
| 1985 Projected Population | 164,435 | | % Under 5 | 7.78 | 29 |
| Number Families | 23,994 | | % Females 15 - 44 | 18.27 | 36 |
| | | | % Black | 0.49 | 17 |
| ECONOMIC INDICATORS | | | VITAL STATISTICS | | |
| % Persons Below Poverty | 4.86 | 28 | Birth Rate/1000 Population | 10.3 | 33 |
| % Families Below Poverty | 3.17 | | Infant Mortality/1000 Live Births | 14.0 | 10 |
| % Families Below Twice Poverty | 11.52 | 37 | Incidence of Tuberculosis/1000 Pop. | 7.0 | 31 |
| Median Family Income | 13,918 | 1 | Death Rate Per 100,000 Population | 10.4 | 24 |
| % Households Without Auto | 4.42 | 5 | | | |
| RESOURCE & UTILIZATION INDICATORS | | | LEADING CAUSES OF DEATH PER 100,000 POP. | | |
| Primary Care Physicians/1000 Pop. | 0.84 | 37 | Disease of Heart | 30.4 | 31 |
| % p.c.p. M.D.'s Above 60 | 14.4% | | Malignant Neoplasms (cancer) | 15.5 | 29 |
| Emergency Room Visits/1000 Pop. | 153 | 18 | Cerebral Vascular | 9.0 | 25 |
| Emergency Rooms Most Frequented | | | Accidents | 3.2 | 26 |
| St. Joseph's Intercommunity | 49.4 | | Influenza & Pneumonia | 1.6 | 32 |
| Kenmore Mercy | 34.0 | | Diabetes | 1.2 | 34 |
| E.J. Meyer Memorial | 22.1 | | Certain Causes Infant Mortality | 1.4 | 27 |
| Index of Medical Underservice | 86.8 | 39 | Arterio-Sclerosis | 2.3 | 17 |
| | | | Cirrhosis | 0.5 | 38 |
| | | | Bronchitis, Emph., Asthma | 1.3 | 27 |
| | | | All Other Causes | 10.4 | 23 |

TOWN OF AURORA

The Town of Aurora has six major industries which serve as the prime source of employment for the residents of Aurora. They are: Moog Valve, Fisher Price Toys, Delavan Electronics, Carleton Control, Astronics Corporation and Forsyth Corporation. The population according to the 1970 census, was 14,356, with the bulk of the population living in East Aurora Village. Main Street and village shopping center serves as the major shopping area for the residents. B.O.C.E.S. serves as the vocational training center for area, middle and high school students. Aurora can be generally described as a White, professional, middle class community.



COMMUNITY PROFILE

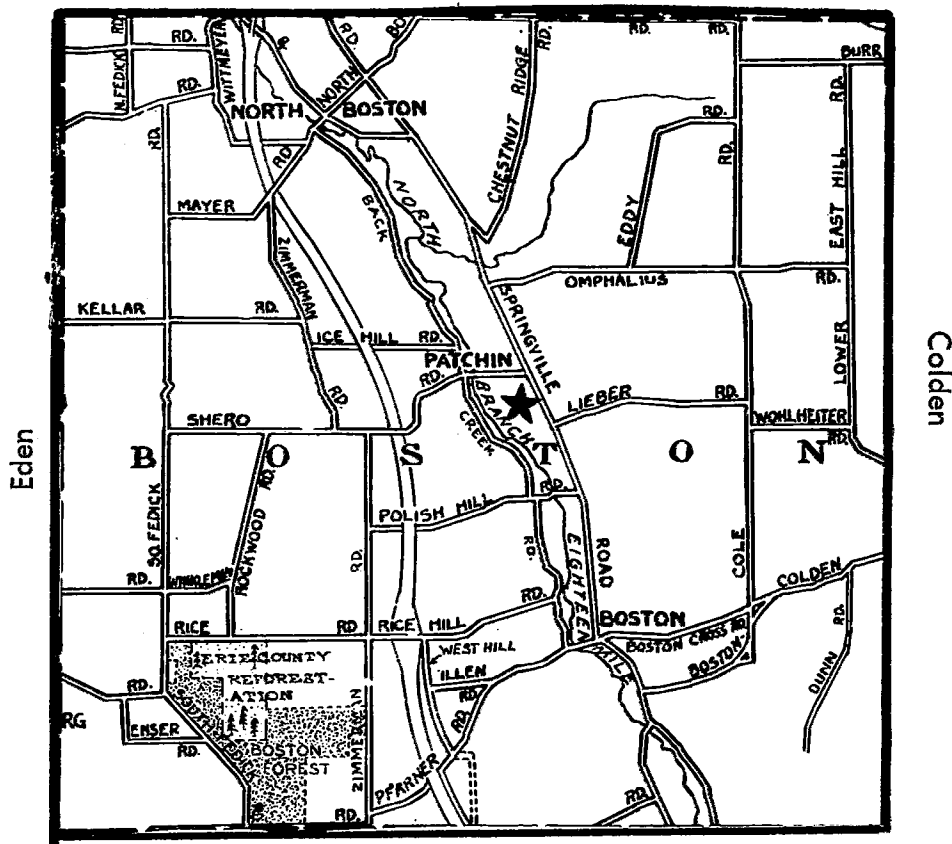
AURORA

| POPULATION CHARACTERISTICS | | | POPULATION CHARACTERISTICS | | |
|---|--------|----|---|-------|----|
| | | r | | | r |
| Population 1970 _____ | 14,426 | 23 | % 65+ _____ | 9.6 | 15 |
| % of County Total Population _____ | 1.30 | | % Under 15 _____ | 30.67 | 21 |
| 1985 Projected Population _____ | 17,325 | | % Under 5 _____ | 8.38 | 21 |
| Number Families _____ | 3,687 | | % Females 15 - 44 _____ | 19.10 | 32 |
| | | | % Black _____ | 0 | 32 |
| ECONOMIC INDICATORS | | | VITAL STATISTICS | | |
| % Persons Below Poverty _____ | 4.8 | 30 | Birth Rate/1000 Population _____ | 11.6 | 29 |
| % Families Below Poverty _____ | 3.12 | | Infant Mortality/1000 Live Births _____ | 17.01 | 17 |
| % Families Below Twice Poverty _____ | 14.75 | 35 | Incidence of Tuberculosis/1000 Pop. _____ | 4.2 | 33 |
| Median Family Income _____ | 12,193 | 7 | Death Rate Per 100,000 Population _____ | 9.0 | 32 |
| % Households Without Auto _____ | 7.58 | 15 | | | |
| RESOURCE & UTILIZATION INDICATORS | | | LEADING CAUSES OF DEATH PER 100,000 POP. | | |
| Primary Care Physicians/1000 Pop. _____ | 0.69 | 35 | Disease of Heart _____ | 34.7 | 21 |
| % p.c.p. M.D.'s Above 60 _____ | 20% | | Malignant Neoplasms (cancer) _____ | 17.3 | 23 |
| Emergency Room Visits/1000 Pop. _____ | 8.1 | 28 | Cerebral Vascular _____ | 14.6 | 8 |
| Emergency Rooms Most Frequented _____ | | | Accidents _____ | 3.5 | 22 |
| St. Joseph's Intercommunity _____ | 5.4 | | Influenza & Pneumonia _____ | 2.1 | 23 |
| Buffalo General _____ | 1.8 | | Diabetes _____ | 2.1 | 14 |
| Kenmore Mercy _____ | 0.9 | | Certain Causes Infant Mortality _____ | 0.7 | 33 |
| | | | Arterio-Sclerosis _____ | 3.5 | 8 |
| Index of Medical Underservice _____ | 82.4 | 35 | Cirrhosis _____ | 1.4 | 29 |
| | | | Bronchitis, Emph., Asthma _____ | 0.7 | 37 |
| | | | All Other Causes _____ | 9.0 | 32 |

TOWN OF BOSTON

The rural Town of Boston consists of approximately 36 square miles of hills, valleys, and forests which are devoted primarily to farming. Population in the area has remained steady since the 1970 census figure of 7,113, with the greatest concentration of population centered in North Boston. No railroad lines run through the Town nor are there any lakes. The majority of the residents, not engaged in farming, are white collar workers who commute to nearby urban areas for employment. The Town has a museum, a small shopping plaza and several other small stores, including a drugstore.

Orchard Park



North Boston

Concord

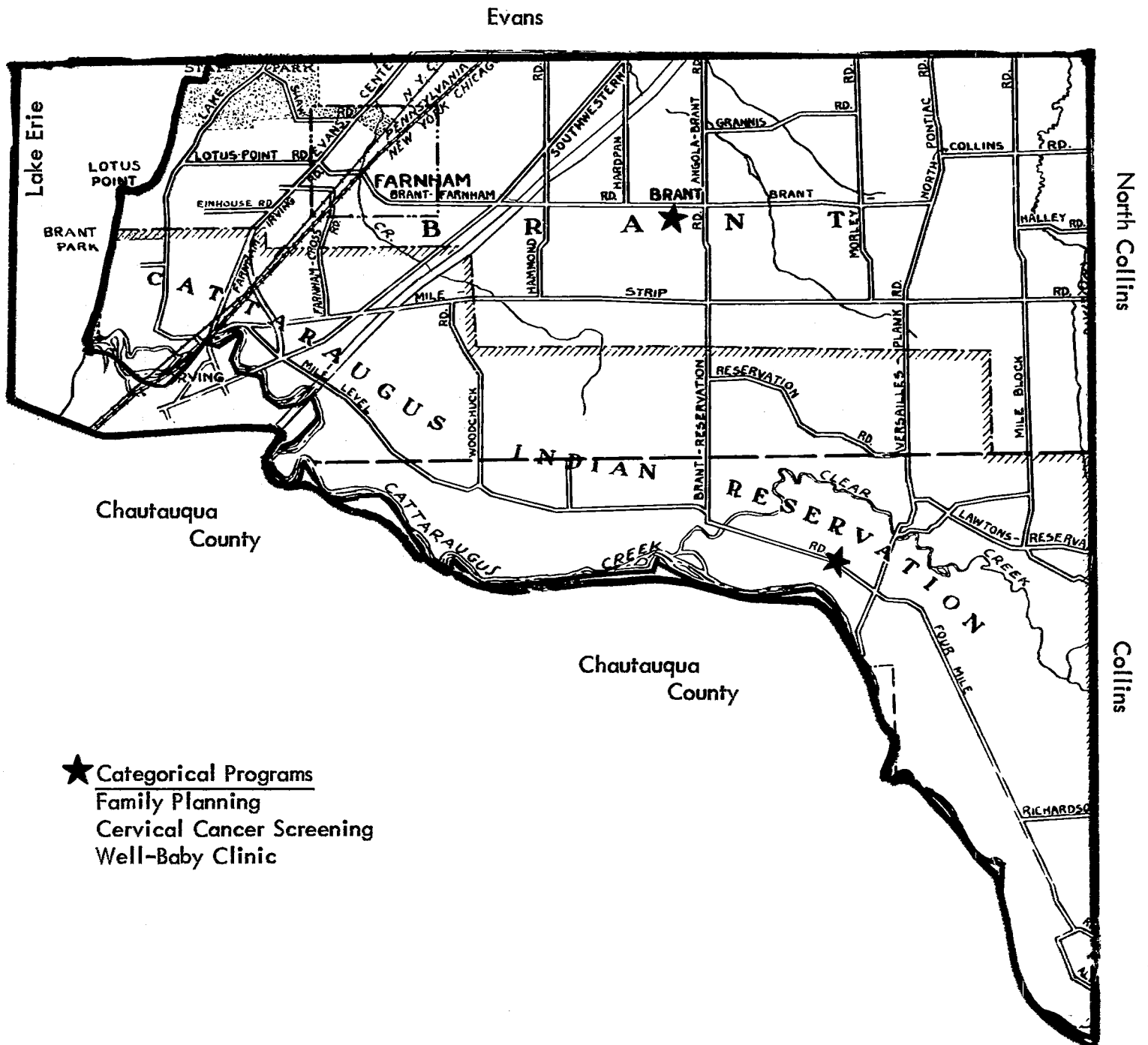
★ Categorical Program
Well-Baby Clinic

C O M M U N I T Y P R O F I L E
B O S T O N

| POPULATION CHARACTERISTICS | | r | POPULATION CHARACTERISTICS | | r |
|---|--------|----|---|-------|----|
| Population 1970 _____ | 7,158 | 29 | % 65+ _____ | 5.4 | 37 |
| % of County Total Population _____ | 0.64 | | % Under 15 _____ | 36.70 | 1 |
| 1985 Projected Population _____ | 9,030 | | % Under 5 _____ | 11.08 | 2 |
| Number Families _____ | 1,749 | | % Females 15 - 44 _____ | 20.89 | 9 |
| | | | % Black _____ | 0 | 32 |
| ECONOMIC INDICATORS | | | VITAL STATISTICS | | |
| % Persons Below Poverty _____ | 4.0 | 36 | Birth Rate/1000 Population _____ | 11.8 | 26 |
| % Families Below Poverty _____ | 3.37 | | Infant Mortality/1000 Live Births _____ | 11.1 | 4 |
| % Families Below Twice Poverty _____ | 16.98 | 32 | Incidence of Tuberculosis/1000 Pop. _____ | 5.6 | 39 |
| Median Family Income _____ | 11,351 | 12 | Death Rate Per 100,000 Population _____ | 11.2 | 18 |
| % Households Without Auto _____ | 2.53 | 2 | | | |
| RESOURCE & UTILIZATION INDICATORS | | | LEADING CAUSES OF DEATH PER 100,000 POP. | | |
| Primary Care Physicians/1000 Pop. _____ | 0.00 | 1 | Disease of Heart _____ | 9.8 | 40 |
| % p.c.p. M.D.'s Above 60 _____ | | | Malignant Neoplasms (cancer) _____ | 4.2 | 39 |
| Emergency Room Visits/1000 Pop. _____ | 0 | 30 | Cerebral Vascular _____ | 5.6 | 36 |
| Emergency Rooms Most Frequented _____ | | | Accidents _____ | 1.4 | 38 |
| | | | Influenza & Pneumonia _____ | 1.4 | 34 |
| | | | Diabetes _____ | 2.1 | 15 |
| | | | Certain Causes Infant Mortality _____ | 2.8 | 9 |
| | | | Arterio-Sclerosis _____ | 1.4 | 30 |
| | | | Cirrhosis _____ | 1.4 | 29 |
| | | | Bronchitis, Emph., Asthma _____ | 2.8 | 10 |
| Index of Medical Underservice _____ | 73.6 | 26 | All Other Causes _____ | 5.6 | 38 |

TOWN OF BRANT

The Town of Brant forms the southwest border of Erie County. The population according to the 1970 census was 3,779, the bulk of the population centered in and around the Village of Farnham. Bethlehem Steel, Fayette Wood Products, Ford and Chevrolet, provide employment for area residents. Approximately half of the area is devoted to farming. Cattaraugus Indian Reservation occupies approximately half of the Town of Brant, and has a total population of 700 Native Americans. There are no drug stores, doctors, attorneys or major shopping areas. Brant area is a low income, working class community.



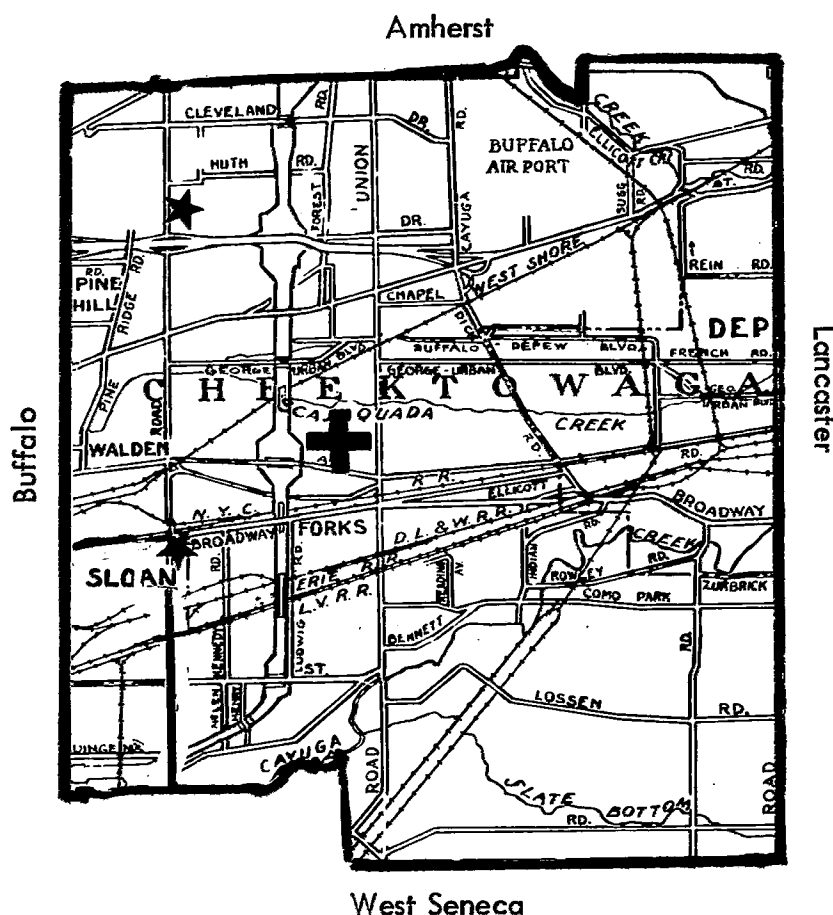
COMMUNITY PROFILE

BRANT

| POPULATION CHARACTERISTICS | | | POPULATION CHARACTERISTICS | | |
|-----------------------------------|-------|----|--|-------|----|
| | | r | | | r |
| Population 1970 | 3,779 | 34 | % 65+ | 6.15 | 36 |
| % of County Total Population | 0.26 | | % Under 15 | 34.91 | 6 |
| 1985 Projected Population | 2,730 | | % Under 5 | 8.55 | 19 |
| Number Families | 644 | | % Females 15 - 44 | 19.83 | 27 |
| | | | % Black | 0 | 32 |
| ECONOMIC INDICATORS | | | VITAL STATISTICS | | |
| % Persons Below Poverty | 10.66 | 11 | Birth Rate/1000 Population | 8.7 | 38 |
| % Families Below Poverty | 8.23 | | Infant Mortality/1000 Live Births | 25.8 | 36 |
| % Families Below Twice Poverty | 32.14 | 7 | Incidence of Tuberculosis/1000 Pop. | 21.2 | 8 |
| Median Family Income | 9,363 | 30 | Death Rate Per 100,000 Population | 10.6 | 21 |
| % Households Without Auto | 12.14 | 26 | | | |
| RESOURCE & UTILIZATION INDICATORS | | | LEADING CAUSES OF DEATH PER 100,000 POP. | | |
| Primary Care Physicians/1000 Pop. | 0.00 | 2 | Disease of Heart | 23.8 | 38 |
| % p.c.p. M.D.'s Above 60 | | | Malignant Neoplasms (cancer) | 23.8 | 6 |
| Emergency Room Visits/1000 Pop. | 0 | 30 | Cerebral Vascular | 7.9 | 32 |
| Emergency Rooms Most Frequented | | | Accidents | 13.2 | 3 |
| | | | Influenza & Pneumonia | 5.3 | 4 |
| | | | Diabetes | 5.3 | 1 |
| | | | Certain Causes Infant Mortality | 7.9 | 1 |
| | | | Arterio-Sclerosis | 2.6 | 14 |
| | | | Cirrhosis | 2.6 | 13 |
| | | | Bronchitis, Emph., Asthma | 2.8 | 10 |
| Index of Medical Underservice | 53.2 | 5 | All Other Causes | 10.6 | 12 |

CHEEKTOWAGA

Cheektowaga is about 29 square miles and has a population, according to the census taken in 1970, of 113,740. The population is continuing to increase and is fairly well scattered throughout the town. The predominantly White community is primarily of German, Polish and Italian decent. The town is the home of such industrial companies as Westinghouse and Calspan Corporation. Four major airlines operate almost 100 scheduled flights daily from the Greater Buffalo International Airport located in the northern portion of Cheektowaga. Como Mall, the Airport Plaza, Cleveland Hill and the Thruway Mall, provide commercial centers for residents. St. Joseph's Intercommunity Hospital is the major institutional health resource in the community. The Village of Sloan and part of the Village of Depew are in the town of Cheektowaga.



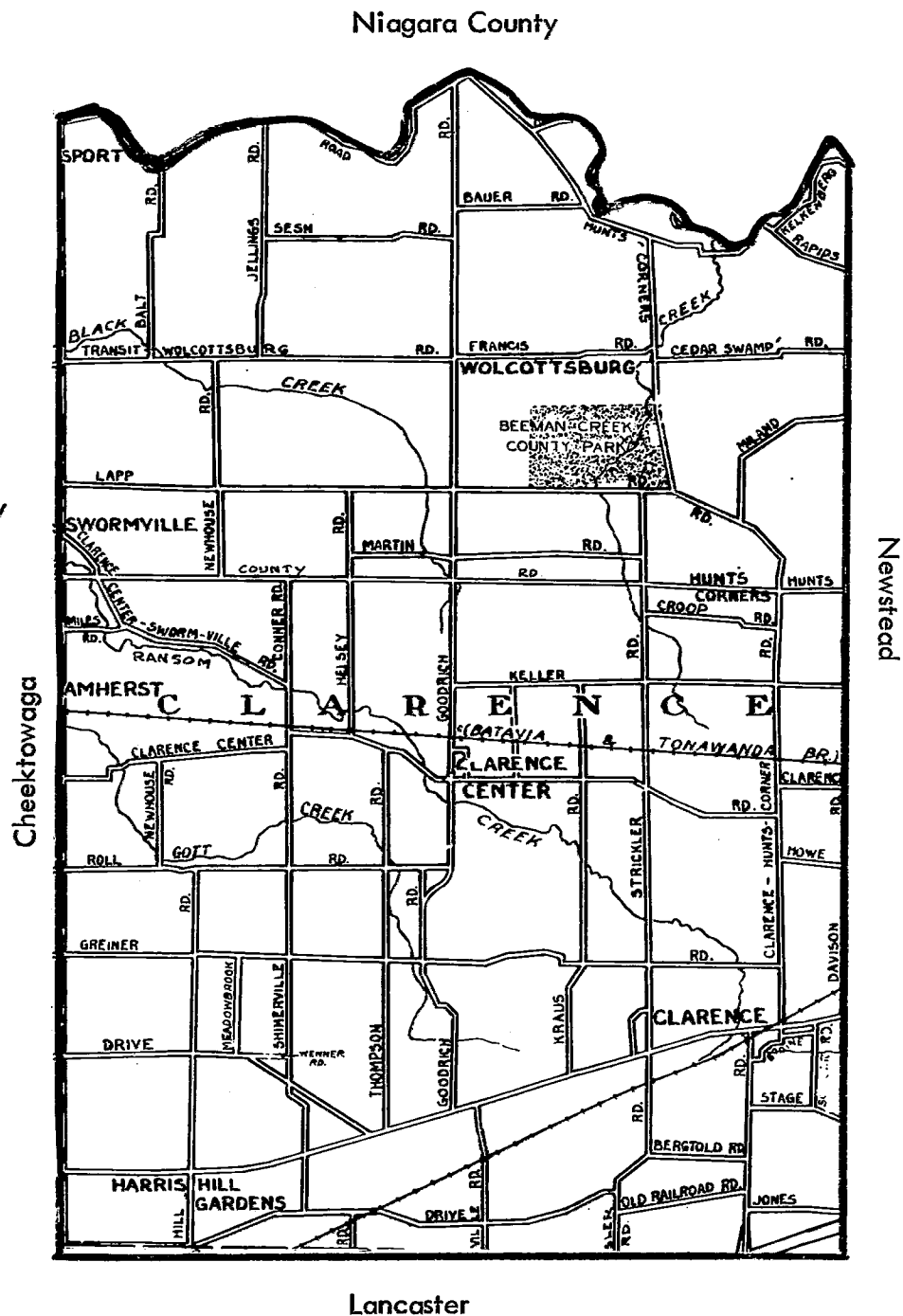
- Hospital
- St. Joseph Intercommunity Hospital
- Categorical Programs
- Well-Baby Clinics

C O M M U N I T Y P R O F I L E
C H E E K T O W A G A

| POPULATION CHARACTERISTICS | | | POPULATION CHARACTERISTICS | | |
|-----------------------------------|---------|----|--|-------|----|
| | | r | | | r |
| Population 1970 | 113,844 | 1 | % 65+ | 6.41 | 35 |
| % of County Total Population | 10.22 | | % Under 15 | 30.37 | 24 |
| 1985 Projected Population | 137,720 | | % Under 5 | 9.57 | 10 |
| Number Families | 29,905 | | % Females 15 - 44 | 21.53 | 5 |
| | | | % Black | 0.19 | 27 |
| ECONOMIC INDICATORS | | | VITAL STATISTICS | | |
| % Persons Below Poverty | 4.4 | 32 | Birth Rate/1000 Population | 12.4 | 21 |
| % Families Below Poverty | 3.61 | | Infant Mortality/1000 Live Births | 13.5 | 9 |
| % Families Below Twice Poverty | 17.76 | 28 | Incidence of Tuberculosis/1000 Pop. | 7.4 | 29 |
| Median Family Income | 10,850 | 17 | Death Rate Per 100,000 Population | 10.6 | 22 |
| % Households Without Auto | 7.86 | 16 | | | |
| RESOURCE & UTILIZATION INDICATORS | | | LEADING CAUSES OF DEATH PER 100,000 POP. | | |
| Primary Care Physicians/1000 Pop. | 0.29 | 20 | Disease of Heart | 31.4 | 30 |
| % p.c.p. M.D.'s Above 60 | 5.8% | | Malignant Neoplasms (cancer) | 16.6 | 25 |
| Emergency Room Visits/1000 Pop. | 305 | 10 | Cerebral Vascular | 6.1 | 35 |
| Emergency Roms Most Frequented | | | Accidents | 2.8 | 30 |
| St. Joseph's Intercommunity | 234.3 | | Influenza & Pneumonia | 1.8 | 28 |
| E.J. Meyer Memorial | 17.4 | | Diabetes | 1.4 | 31 |
| South Buffalo Mercy | 11.6 | | Certain Causes Infant Mortality | 1.6 | 20 |
| | | | Arterio-Sclerosis | 1.5 | 30 |
| | | | Cirrhosis | 1.0 | 33 |
| | | | Bronchitis, Emph., Asthma | 1.3 | 27 |
| Index of Medical Underservice | 76.0 | 29 | All Other Causes | 10.6 | 22 |

TOWN OF CLARENCE

The Town of Clarence extends over approximately 52 square miles and is a combination of urban and rural elements. Two railroad lines run through the Town, which is primarily flat. Population is about 18,200 and has not significantly increased since 1970. The greatest concentration of population is in the Town of Clarence, Clarence Center, and the Harris Hill area. The Eastern Hills Mall, Transit Town Plaza, and Grant City Plaza are all located in the Town of Clarence and employ many of the residents not engaged in farming or employed by the few industrial firms located in the area. The majority of the residents are white collar workers.



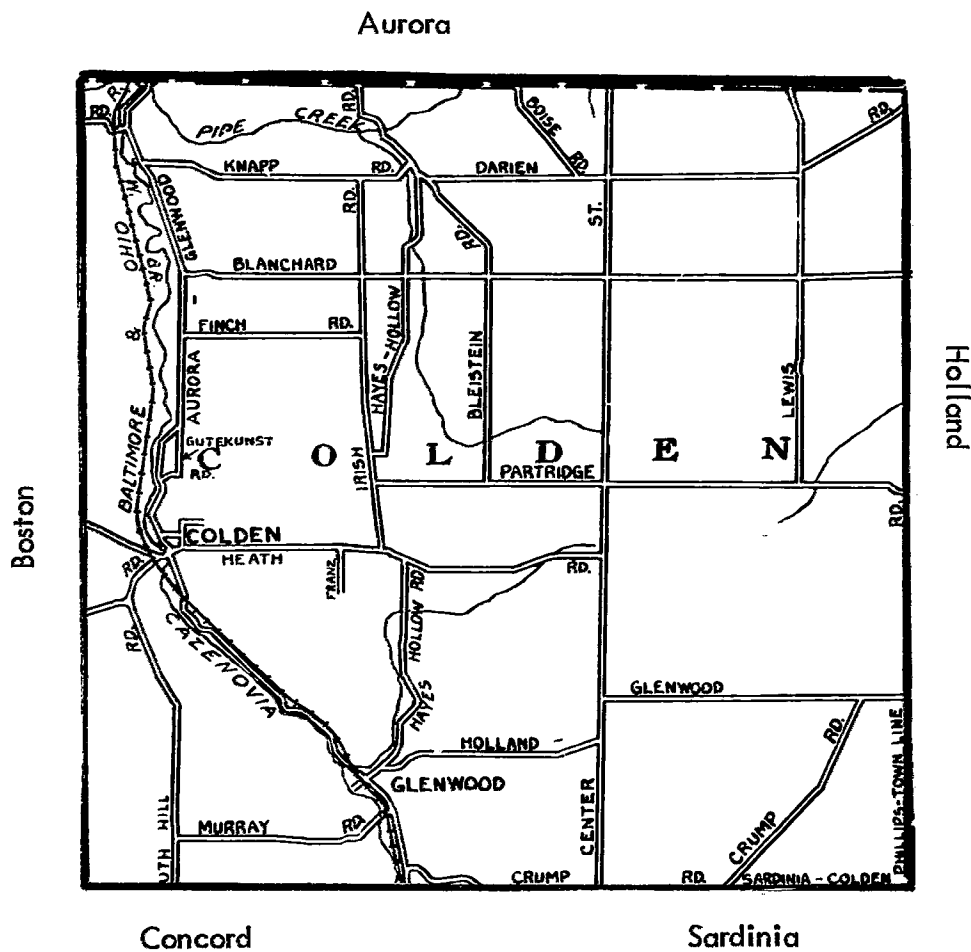
COMMUNITY PROFILE

CLARENCE

| POPULATION CHARACTERISTICS | | | POPULATION CHARACTERISTICS | | |
|-----------------------------------|--------|----|--|-------|----|
| | | r | | | r |
| Population 1970 | 18,168 | 19 | % 65+ | 7.06 | 33 |
| % of County Total Population | 1.63 | | % Under 15 | 32.34 | 15 |
| 1985 Projected Population | 26,345 | | % Under 5 | 7.44 | 34 |
| Number Families | 4,453 | | % Females 15 - 44 | 20.08 | 22 |
| | | | % Black | 0.07 | 28 |
| ECONOMIC INDICATORS | | | VITAL STATISTICS | | |
| % Persons Below Poverty | 3.1 | 39 | Birth Rate/1000 Population | 8.1 | 39 |
| % Families Below Poverty | 2.11 | | Infant Mortality/1000 Live Births | 14.7 | 12 |
| % Families Below Twice Poverty | 11.14 | 39 | Incidence of Tuberculosis/1000 Pop. | 9.9 | 21 |
| Median Family Income | 13,756 | 2 | Death Rate Per 100,000 Population | 12.1 | 17 |
| % Households Without Auto | 3.59 | 3 | | | |
| RESOURCE & UTILIZATION INDICATORS | | | LEADING CAUSES OF DEATH PER 100,000 POP. | | |
| Primary Care Physicians/1000 Pop. | 0.38 | 26 | Disease of Heart | 27.0 | 35 |
| % p.c.p. M.D.'s Above 60 | 42.9% | | Malignant Neoplasms (cancer) | 18.2 | 18 |
| Emergency Room Visits/1000 Pop. | 141 | 20 | Cerebral Vascular | 8.8 | 27 |
| Emergency Rooms Most Frequented | | | Accidents | 1.1 | 40 |
| St. Joseph's Intercommunity | 78.7 | | Influenza & Pneumonia | 1.7 | 29 |
| E.J. Meyer Memorial | 14.3 | | Diabetes | 1.4 | 32 |
| Kenmore Mercy | 13.6 | | Certain Causes Infant Mortality | 0.6 | 36 |
| | | | Arterio-Sclerosis | 0.6 | 37 |
| | | | Cirrhosis | 0.6 | 36 |
| | | | Bronchitis, Emph., Asthma | 0.6 | 38 |
| Index of Medical Underservice | 78.3 | 30 | All Other Causes | 12.1 | 17 |

TOWN OF COLDEN

The Town of Colden consists of approximately 36 square miles and is both rural and urban in character. The Hamlet of Colden and Hollow Road have the greatest concentration of population, which is presently about 3,000. The townspeople are both blue and white collar workers. Town residents, as well as persons from outside the area, are attracted to Colden lakes for camping. Winter sports, which are popular in the area, are cross-country skiing and snow-mobiling. The topography of the area is principally hills and valleys.

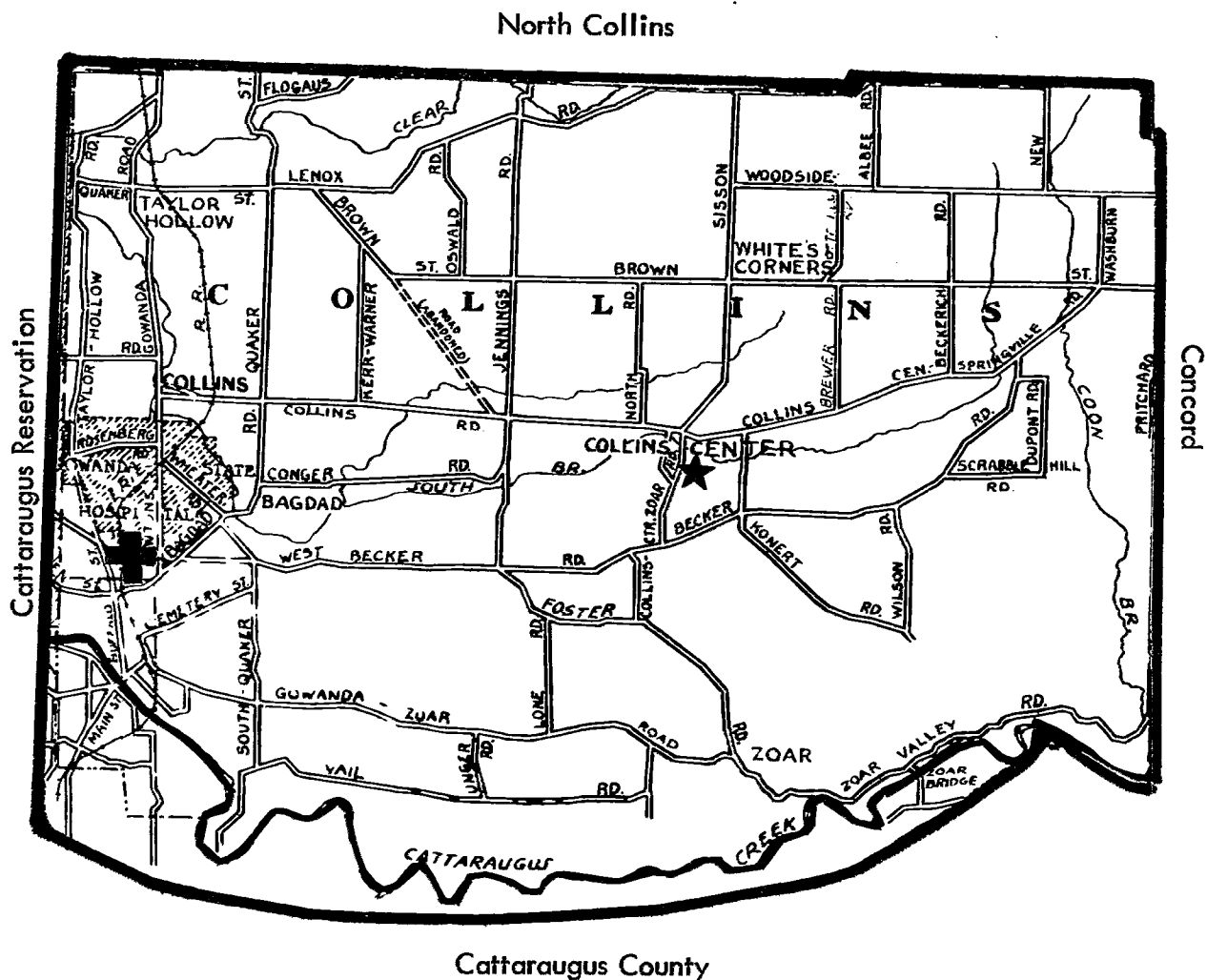


C O M M U N I T Y P R O F I L E
C O L D E N

| POPULATION CHARACTERISTICS | | | POPULATION CHARACTERISTICS | | |
|---|-------|----|---|-------|----|
| | | r | | | r |
| Population 1970 _____ | 3,020 | 37 | % 65+ _____ | 7.22 | 31 |
| % of County Total Population _____ | 0.27 | | % Under 15 _____ | 34.14 | 8 |
| 1985 Projected Population _____ | 3,725 | | % Under 5 _____ | 10.96 | 3 |
| Number Families _____ | 729 | | % Females 15 - 44 _____ | 21.26 | 6 |
| | | | % Black _____ | 0 | 32 |
| ECONOMIC INDICATORS | | | VITAL STATISTICS | | |
| % Persons Below Poverty _____ | 4.3 | 33 | Birth Rate/1000 Population _____ | 13.3 | 14 |
| % Families Below Poverty _____ | 4.39 | | Infant Mortality/1000 Live Births _____ | 8.7 | 2 |
| % Families Below Twice Poverty _____ | 22.91 | 18 | Incidence of Tuberculosis/1000 Pop. _____ | 19.9 | 9 |
| Median Family Income _____ | 9,850 | 26 | Death Rate Per 100,000 Population _____ | 12.1 | 18 |
| % Households Without Auto _____ | 10.80 | 21 | | | |
| RESOURCE & UTILIZATION INDICATORS | | | LEADING CAUSES OF DEATH PER 100,000 POP. | | |
| Primary Care Physicians/1000 Pop. _____ | 0.00 | 3 | Disease of Heart _____ | 26.5 | 36 |
| % p.c.p. M.D.'s Above 60 _____ | | | Malignant Neoplasms (cancer) _____ | 9.9 | 35 |
| Emergency Room Visits/1000 Pop. _____ | 0 | 30 | Cerebral Vascular _____ | 16.6 | 4 |
| Emergency Rooms Most Frequented _____ | | | Accidents _____ | 3.3 | 24 |
| | | | Influenza & Pneumonia _____ | 1.7 | 30 |
| | | | Diabetes _____ | 1.4 | 33 |
| | | | Certain Causes Infant Mortality _____ | 0.6 | 37 |
| | | | Arterio-Sclerosis _____ | 3.3 | 9 |
| | | | Cirrhosis _____ | 0.6 | 36 |
| | | | Bronchitis, Emph., Asthma _____ | 3.3 | 5 |
| Index of Medical Underservice _____ | 73.8 | 27 | All Other Causes _____ | 12.1 | 17 |

TOWN OF COLLINS

The Town of Collins covers an area of 46 square miles and is a combination of hills, villages and level terrain. Population has increased slightly since the 1970 census which showed a figure of 6,341. The population is centered primarily in Collins, Collins Center and the Village of Gowanda. Although there is some industry, the community is primarily a farming community which produces both dairy products and crops. The Village of Gowanda is divided by Cattaraugus Creek and is in the Towns of Collins and Persia. Part of the Indian Reservation lies in Collins. Gowanda State Hospital is located in Collins.



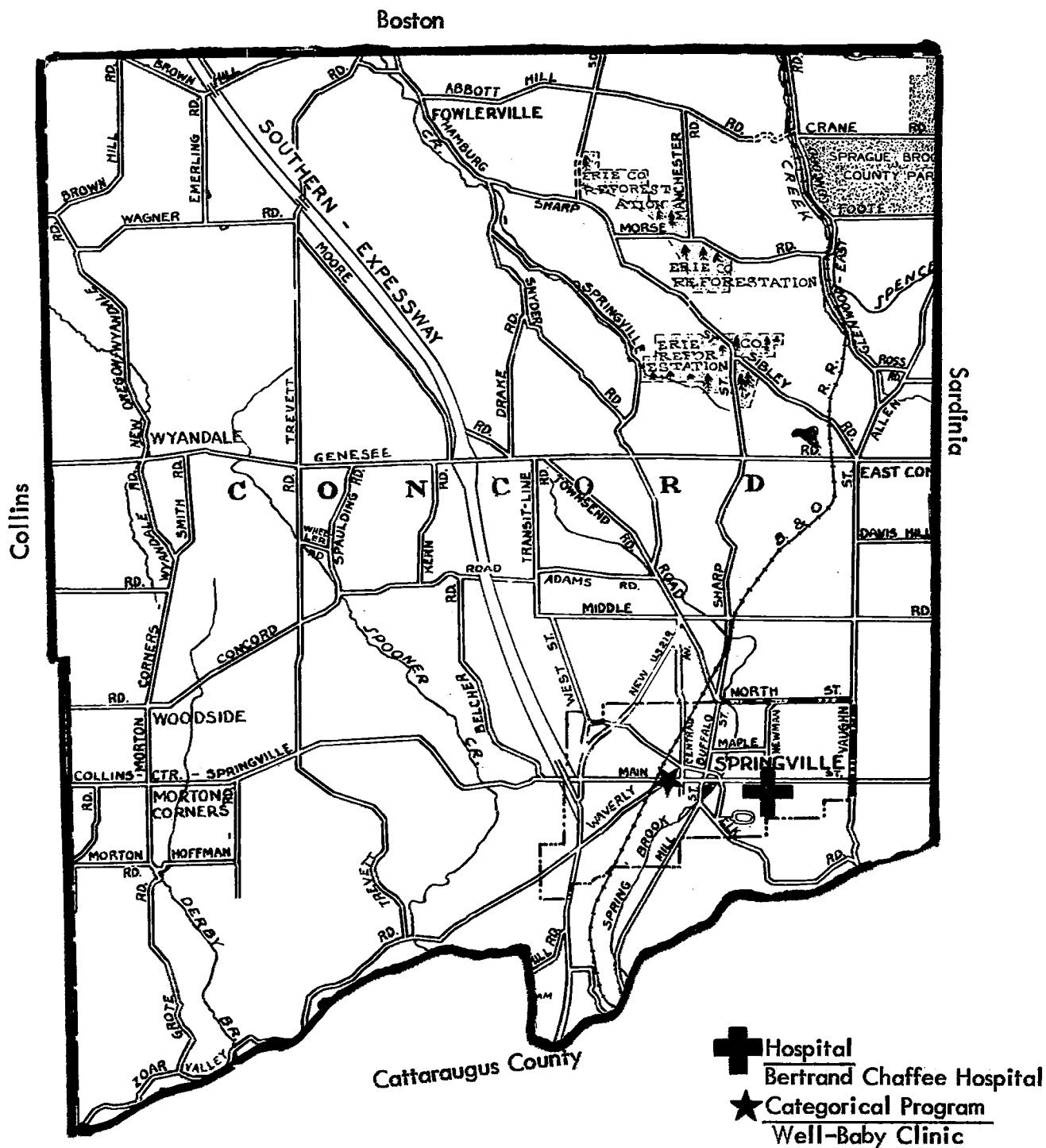
- Hospital
- Gowanda State Hospital
- Categorical Program
- Well-Baby Clinic

COMMUNITY PROFILE
COLLINS

| POPULATION CHARACTERISTICS | | r | POPULATION CHARACTERISTICS | | r |
|-----------------------------------|-------|----|--|-------|----|
| Population 1970 | 6,400 | 30 | % 65+ | 23.6 | 2 |
| % of County Total Population | 0.57 | | % Under 15 | 20.45 | 37 |
| 1985 Projected Population | 5,255 | | % Under 5 | 5.84 | 38 |
| Number Families | 1,192 | | % Females 15 - 44 | 14.50 | 39 |
| | | | % Black | 1.37 | 12 |
| ECONOMIC INDICATORS | | | VITAL STATISTICS | | |
| % Persons Below Poverty | 5.3 | 26 | Birth Rate/1000 Population | 8.9 | 37 |
| % Families Below Poverty | 5.20 | | Infant Mortality/1000 Live Births | 18.9 | 19 |
| % Families Below Twice Poverty | 22.73 | 19 | Incidence of Tuberculosis/1000 Pop. | 21.9 | 7 |
| Median Family Income | 9,910 | 23 | Death Rate Per 100,000 Population | 12.5 | 16 |
| % Households Without Auto | 11.41 | 23 | | | |
| RESOURCE & UTILIZATION INDICATORS | | | LEADING CAUSES OF DEATH PER 100,000 POP. | | |
| Primary Care Physicians/1000 Pop. | 0.00 | 4 | Disease of Heart | 42.2 | 12 |
| % p.c.p. M.D.'s Above 60 | 0 | | Malignant Neoplasms (cancer) | 7.8 | 38 |
| Emergency Room Visits/1000 Pop. | 0 | 30 | Cerebral Vascular | 12.5 | 12 |
| Emergency Rooms Most Frequented | | | Accidents | 4.7 | 17 |
| | | | Influenza & Pneumonia | 1.6 | 33 |
| | | | Diabetes | 1.6 | 25 |
| | | | Certain Causes Infant Mortality | 0.6 | 38 |
| | | | Arterio-Sclerosis | 1.6 | 27 |
| | | | Cirrhosis | 1.6 | 22 |
| | | | Bronchitis, Emph., Asthma | 1.6 | 22 |
| Index of Medical Underservice | 52.3 | 4 | All Other Causes | 12.5 | 15 |

TOWN OF CONCORD

The population center of the Town of Concord is the Village of Springville (population 4,328 in 1970) which is located on Routes 219 and 39. Surrounding farms produce hardwood timber, dairy and poultry products. Local industries are engaged in the manufacture of gears and cutlery. Bertrand Chaffee hospital is located in Springville.



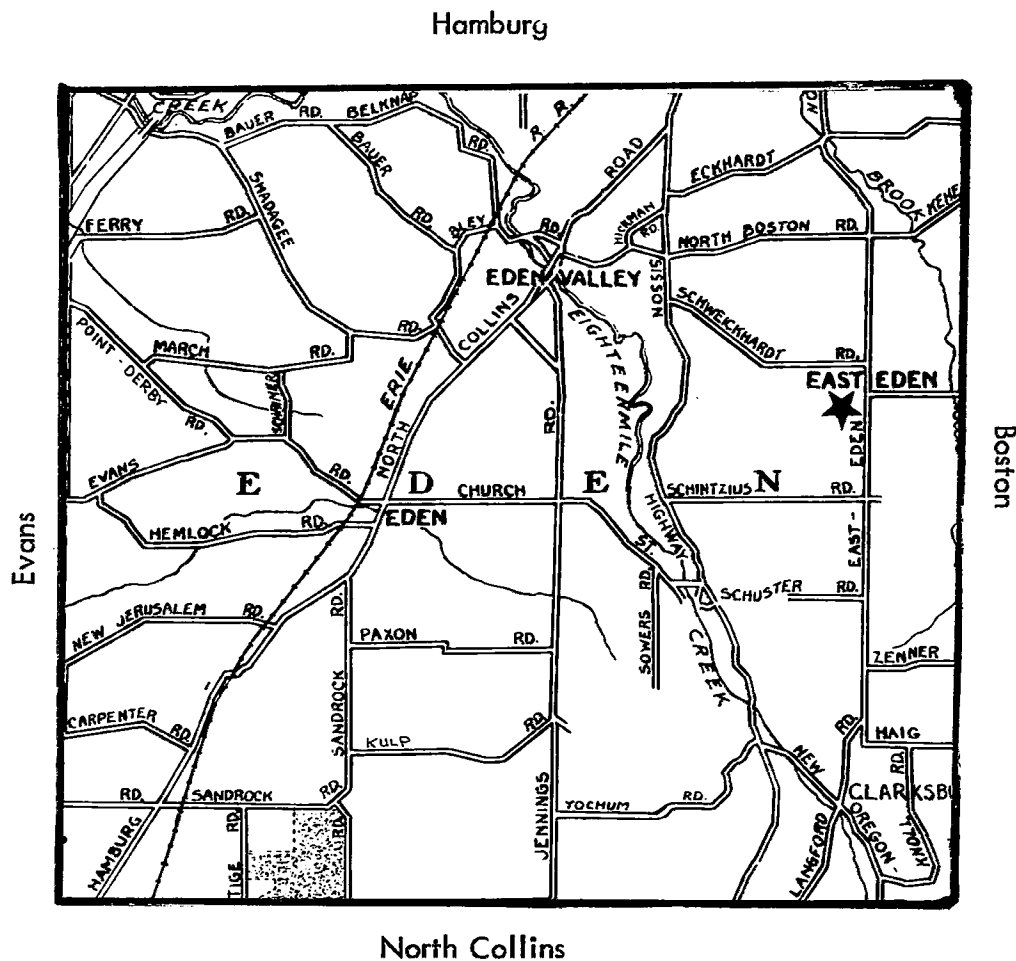
COMMUNITY PROFILE

CONCORD

| POPULATION CHARACTERISTICS | | | POPULATION CHARACTERISTICS | | |
|---|-------|----|---|-------|----|
| | | r | | | r |
| Population 1970 _____ | 7,573 | 28 | % 65+ _____ | 10.5 | 14 |
| % of County Total Population _____ | 0.68 | | % Under 15 _____ | 33.06 | 12 |
| 1985 Projected Population _____ | 9,550 | | % Under 5 _____ | 9.61 | 9 |
| Number Families _____ | 1,893 | | % Females 15 - 44 _____ | 19.35 | 30 |
| | | | % Black _____ | 0.07 | 28 |
| ECONOMIC INDICATORS | | | VITAL STATISTICS | | |
| % Persons Below Poverty _____ | 6.5 | 20 | Birth Rate/1000 Population _____ | 14.0 | 9 |
| % Families Below Poverty _____ | 5.71 | | Infant Mortality/1000 Live Births _____ | 23.9 | 35 |
| % Families Below Twice Poverty _____ | 25.78 | 13 | Incidence of Tuberculosis/1000 Pop. _____ | 0.0 | 36 |
| Median Family Income _____ | 9,736 | 27 | Death Rate Per 100,000 Population _____ | 10.6 | 23 |
| % Households Without Auto _____ | 10.79 | 20 | | | |
| RESOURCE & UTILIZATION INDICATORS | | | LEADING CAUSES OF DEATH PER 100,000 POP. | | |
| Primary Care Physicians/1000 Pop. _____ | 1.18 | 38 | Disease of Heart _____ | 33.0 | 27 |
| % p.c.p. M.D.'s Above 60 _____ | 12 | | Malignant Neoplasms (cancer) _____ | 23.8 | 7 |
| Emergency Room Visits/1000 Pop. _____ | 0 | 30 | Cerebral Vascular _____ | 19.8 | 2 |
| Emergency Rooms Most Frequented _____ | | | Accidents _____ | 5.3 | 16 |
| | | | Influenza & Pneumonia _____ | 5.3 | 5 |
| | | | Diabetes _____ | 1.6 | 26 |
| | | | Certain Causes Infant Mortality _____ | 1.3 | 29 |
| | | | Arterio-Sclerosis _____ | 5.3 | 5 |
| | | | Cirrhosis _____ | 1.6 | 22 |
| | | | Bronchitis, Emph., Asthma _____ | 4.0 | 4 |
| Index of Medical Underservice _____ | 78.3 | 31 | All Other Causes _____ | 10.6 | 22 |

TOWN OF EDEN

The Town of Eden covers about 40 square miles with a population of about 7,644 which is continuing to increase. The population in this primarily rural area is scattered with the greatest concentration centered in East Eden. 18-Mile Creek flows through the Town and though the topography is primarily level, it does have some hills and valleys. The Erie-Lackawanna Railroad serves this area. Truck farming and food processing are native to this area.



★ Categorical Program
Well-Baby Clinic

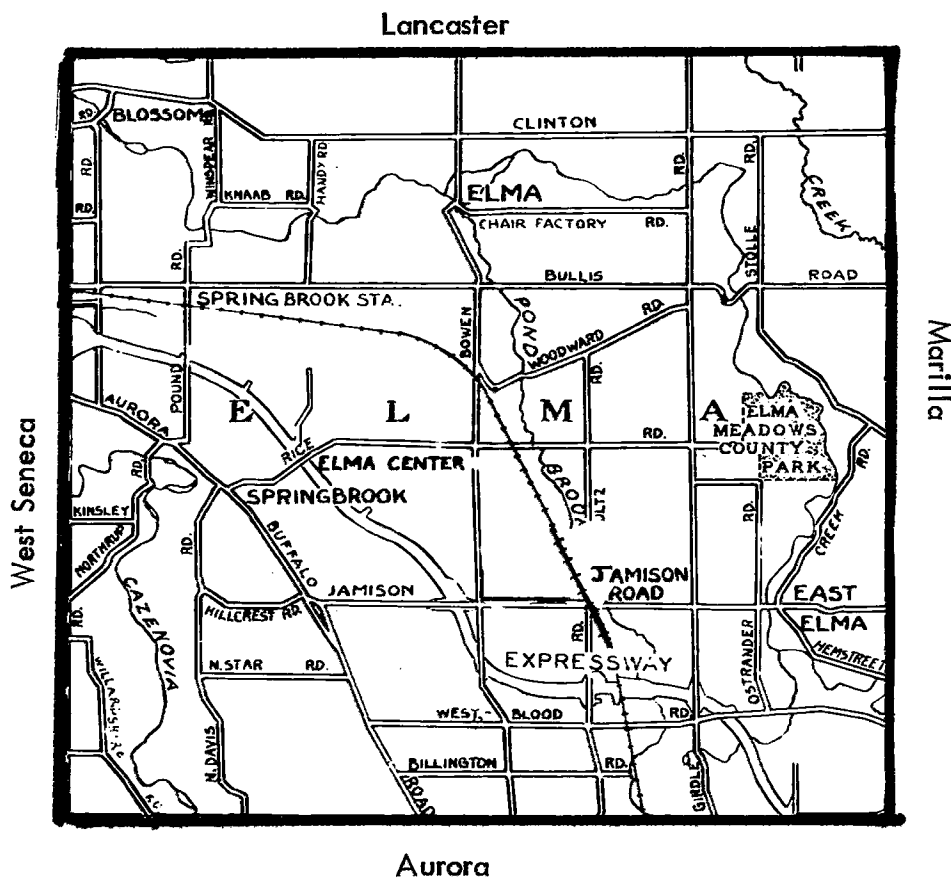
COMMUNITY PROFILE

EDEN

| POPULATION CHARACTERISTICS | | | POPULATION CHARACTERISTICS | | |
|-----------------------------------|--------|----|--|-------|----|
| | | r | | | r |
| Population 1970 | 7,644 | 27 | % 65+ | 7.6 | 27 |
| % of County Total Population | 0.69 | | % Under 15 | 35.74 | 3 |
| 1985 Projected Population | 8,060 | | % Under 5 | 9.39 | 13 |
| Number Families | 1,842 | | % Females 15 - 44 | 19.52 | 28 |
| | | | % Black | 0 | 32 |
| ECONOMIC INDICATORS | | | VITAL STATISTICS | | |
| % Persons Below Poverty | 7.4 | 16 | Birth Rate/1000 Population | 10.2 | 34 |
| % Families Below Poverty | 3.85 | | Infant Mortality/1000 Live Births | 3.8 | 1 |
| % Families Below Twice Poverty | 20.9 | 24 | Incidence of Tuberculosis/1000 Pop. | 2.6 | 34 |
| Median Family Income | 10,869 | 16 | Death Rate Per 100,000 Population | 11.8 | 19 |
| % Households Without Auto | 4.34 | 4 | | | |
| RESOURCE & UTILIZATION INDICATORS | | | LEADING CAUSES OF DEATH PER 100,000 POP. | | |
| Primary Care Physicians/1000 Pop. | 0.39 | 27 | Disease of Heart | 36.6 | 18 |
| % p.c.p. M.D.'s Above 60 | 0 | | Malignant Neoplasms (cancer) | 9.2 | 37 |
| Emergency Room Visits/1000 Pop. | 0 | 30 | Cerebral Vascular | 10.5 | 19 |
| Emergency Rooms Most Frequented | | | Accidents | 2.6 | 19 |
| | | | Influenza & Pneumonia | 2.6 | 27 |
| | | | Diabetes | 1.6 | 27 |
| | | | Certain Causes Infant Mortality | 6.5 | 2 |
| | | | Arterio-Sclerosis | 5.3 | 5 |
| | | | Cirrhosis | 3.9 | 6 |
| | | | Bronchitis, Emph., Asthma | 1.3 | 27 |
| Index of Medical Underservice | 80.9 | 34 | All Other Causes | 11.8 | 18 |

TOWN OF ELMA

The Town of Elma is located in central Erie County with a land mass of approximately 36 square miles. The population has increased since the 1970 census to 10,001, with the bulk of the population centered around the village of Elma. Elma Village Plaza serves as the major shopping center and Moog Valve is the major industry.



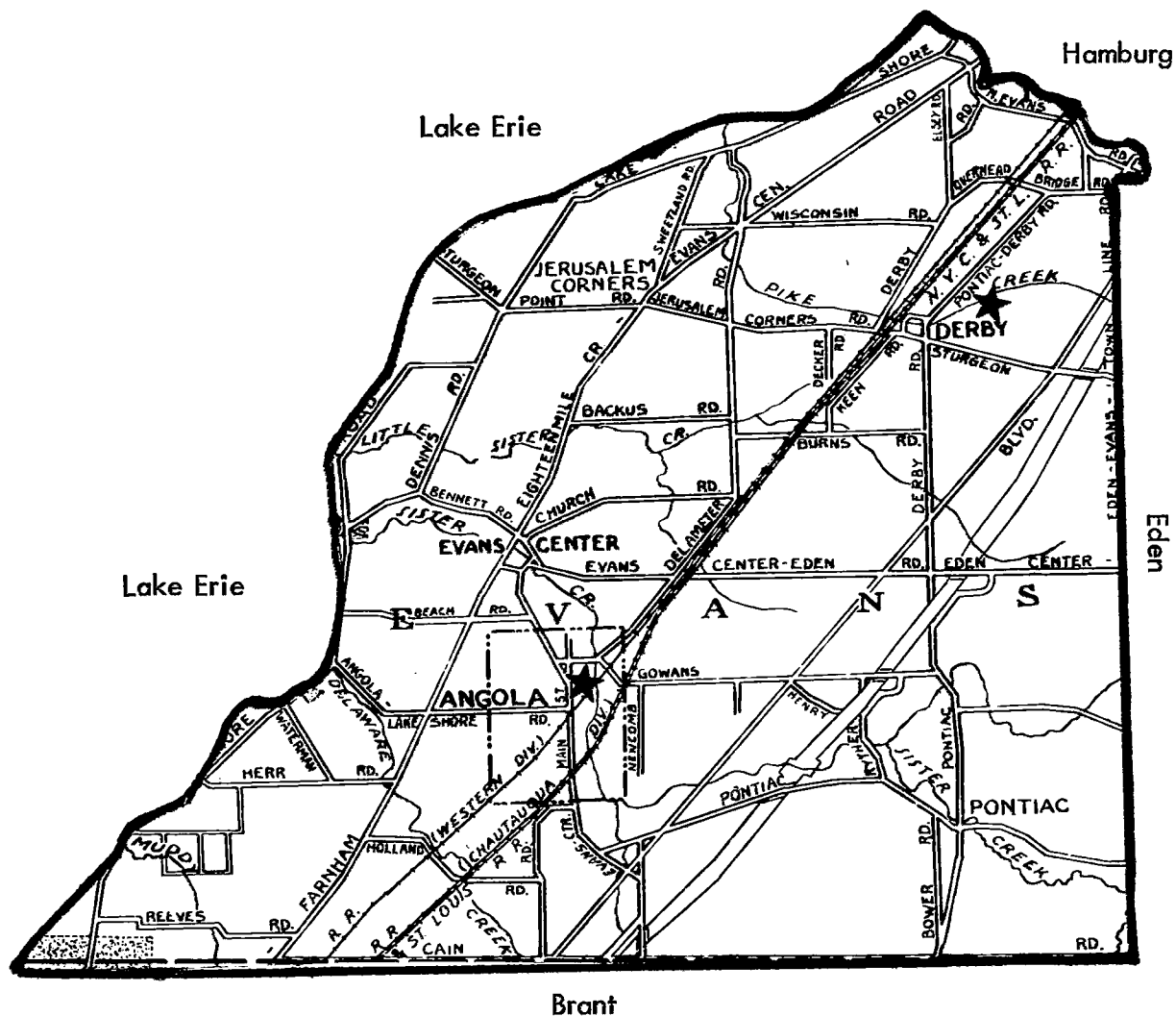
COMMUNITY PROFILE

ELMA

| POPULATION CHARACTERISTICS | | | POPULATION CHARACTERISTICS | | |
|-----------------------------------|--------|----|--|-------|----|
| | | r | | | r |
| Population 1970 | 10,011 | 25 | % 65+ | 6.8 | 34 |
| % of County Total Population | 0.90 | | % Under 15 | 33.12 | 11 |
| 1985 Projected Population | 12,350 | | % Under 5 | 7.90 | 26 |
| Number Families | 2,575 | | % Females 15 - 44 | 20.41 | 19 |
| | | | % Black | 0.24 | 24 |
| ECONOMIC INDICATORS | | | VITAL STATISTICS | | |
| % Persons Below Poverty | 5.28 | 27 | Birth Rate/1000 Population | 9.8 | 35 |
| % Families Below Poverty | 4.12 | | Infant Mortality/1000 Live Births | 19.4 | 24 |
| % Families Below Twice Poverty | 17.67 | 29 | Incidence of Tuberculosis/1000 Pop. | 8.0 | 26 |
| Median Family Income | 12,406 | 4 | Death Rate Per 100,000 Population | 5.0 | 40 |
| % Households Without Auto | 5.77 | 11 | | | |
| RESOURCE & UTILIZATION INDICATORS | | | LEADING CAUSES OF DEATH PER 100,000 POP. | | |
| Primary Care Physicians/1000 Pop. | 0.04 | 9 | Disease of Heart | 29.0 | 33 |
| % p.c.p. M.D.'s Above 60 | 0 | | Malignant Neoplasms (cancer) | 14.0 | 31 |
| Emergency Room Visits/1000 Pop. | 61 | 25 | Cerebral Vascular | 9.0 | 26 |
| Emergency Rooms Most Frequented | | | Accidents | 3.0 | 27 |
| St. Joseph's Intercommunity | 34.5 | | Influenza & Pneumonia | 1.0 | 36 |
| South Buffalo Mercy | 18.5 | | Diabetes | 1.0 | 37 |
| Our Lady of Victory | 4.9 | | Certain Causes Infant Mortality | 6.5 | 3 |
| | | | Arterio-Sclerosis | 1.0 | 34 |
| | | | Cirrhosis | 3.9 | 6 |
| | | | Bronchitis, Emph., Asthma | 1.0 | 35 |
| Index of Medical Underservice | 65.7 | 14 | All Other Causes | 5.0 | 39 |

TOWN OF EVANS

The Town of Evans covers 43 square miles and can be considered urban and rural with limited farming - primarily of grapes. Its industries include: alloy fabricators, cement blocks, canning, feed fertilizer, brewery equipment, and wood products. The year round resident population is about 15,000. Because of its location on Lake Erie, the town population about triples during the summer months. Evangola State Park, part of which is in the town of Evans, and Wendt Beach Park attract many additional people into the town during the summer. Most of the people who are year round residents are centered in the village of Angola, Highland and Evans Center. There is much land available for residential development and it is expected that the population will increase.

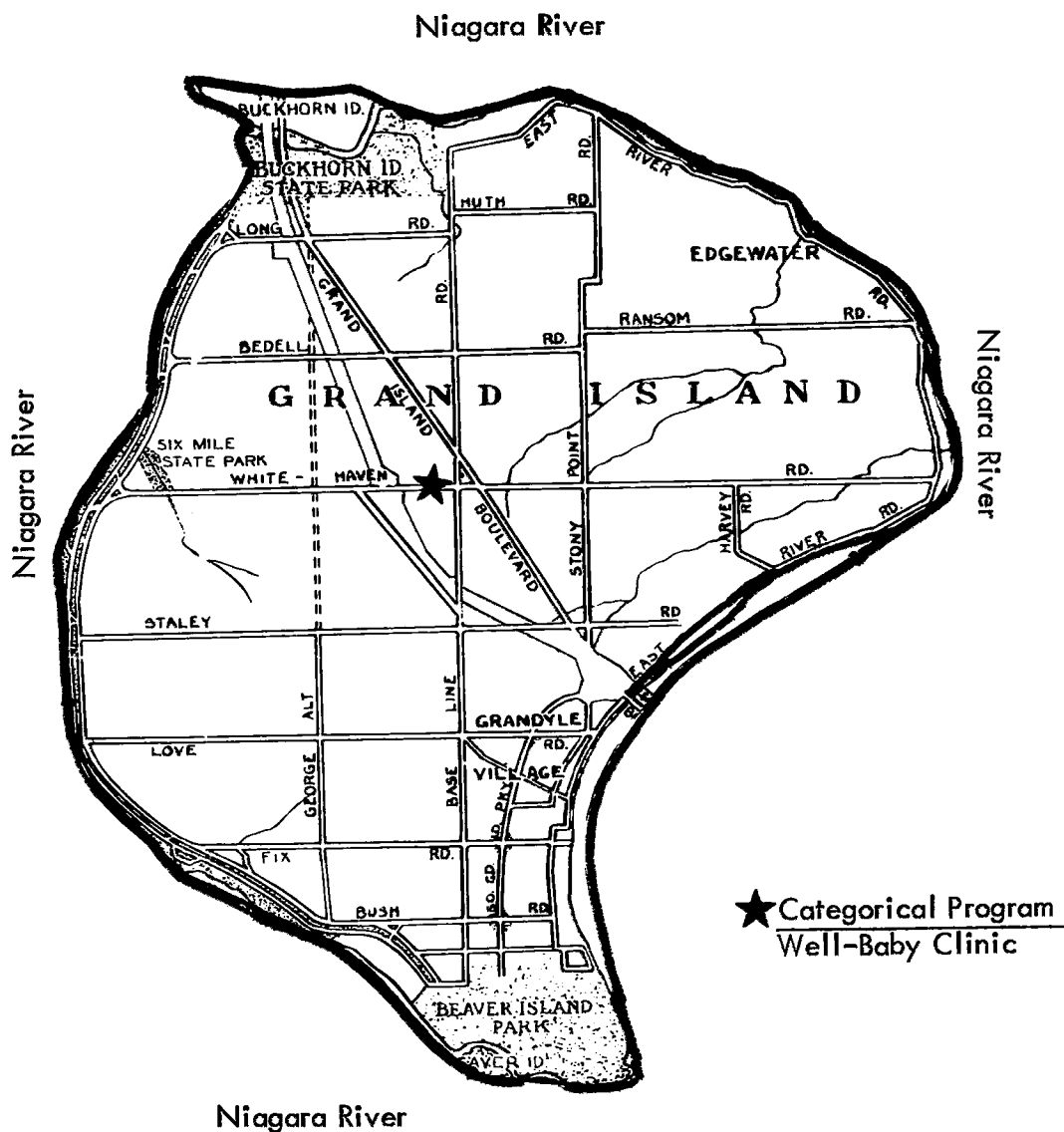


C O M M U N I T Y P R O F I L E
E V A N S

| POPULATION CHARACTERISTICS | | r | POPULATION CHARACTERISTICS | | r |
|---|--------|----|---|-------|----|
| Population 1970 _____ | 14,570 | 22 | % 65+ _____ | 8.46 | 20 |
| % of County Total Population _____ | 1.31 | | % Under 15 _____ | 33.02 | 13 |
| 1985 Projected Population _____ | 17,765 | | % Under 5 _____ | 9.38 | 12 |
| Number Families _____ | 3,659 | | % Females 15 - 44 _____ | 19.87 | 25 |
| | | | % Black _____ | 0.33 | 19 |
| ECONOMIC INDICATORS | | | VITAL STATISTICS | | |
| % Persons Below Poverty _____ | 6.4 | 21 | Birth Rate/1000 Population _____ | 14.3 | 8 |
| % Families Below Poverty _____ | 5.06 | | Infant Mortality/1000 Live Births _____ | 12.4 | 6 |
| % Families Below Twice Poverty _____ | 26.07 | 12 | Incidence of Tuberculosis/1000 Pop. _____ | 12.4 | 15 |
| Median Family Income _____ | 9,934 | 22 | Death Rate Per 100,000 Population _____ | 8.2 | 36 |
| % Households Without Auto _____ | 8.93 | 17 | | | |
| RESOURCE & UTILIZATION INDICATORS | | | LEADING CAUSES OF DEATH PER 100,000 POP. | | |
| Primary Care Physicians/1000 Pop. _____ | 0.20 | 16 | Disease of Heart _____ | 48.0 | 7 |
| % p.c.p. M.D.'s Above 60 _____ | 50 | | Malignant Neoplasms (cancer) _____ | 19.9 | 14 |
| Emergency Room Visits/1000 Pop. _____ | 1.8 | 29 | Cerebral Vascular _____ | 4.1 | 38 |
| Emergency Rooms Most Frequented _____ | | | Accidents _____ | 8.2 | 6 |
| St. Joseph's Intercommunity _____ | 1.8 | | Influenza & Pneumonia _____ | 2.1 | 24 |
| | | | Diabetes _____ | 4.1 | 4 |
| | | | Certain Causes Infant Mortality _____ | 0.7 | 34 |
| | | | Arterio-Sclerosis _____ | 2.7 | 11 |
| | | | Cirrhosis _____ | 1.4 | 29 |
| | | | Bronchitis, Emph., Asthma _____ | 0.7 | 37 |
| Index of Medical Underservice _____ | 73.3 | 25 | All Other Causes _____ | 8.2 | 35 |

GRAND ISLAND

Grand Island covers about 28 square miles. The New York State Thruway and the Grand Island Bridge provide access to the town. Its population in 1970 was 13,987 and has increased by about 1,000 persons since then. Because much of the Island is not yet developed it is expected that population will continue to increase. The Island is a combination of rural and urban elements. Hooker Chemical Corporation is one of several industries providing employment in the area. Buckhorn State Park at the northern tip of the Island and Beaver Island State Park at the southern tip, attract many visitors into the town each summer.



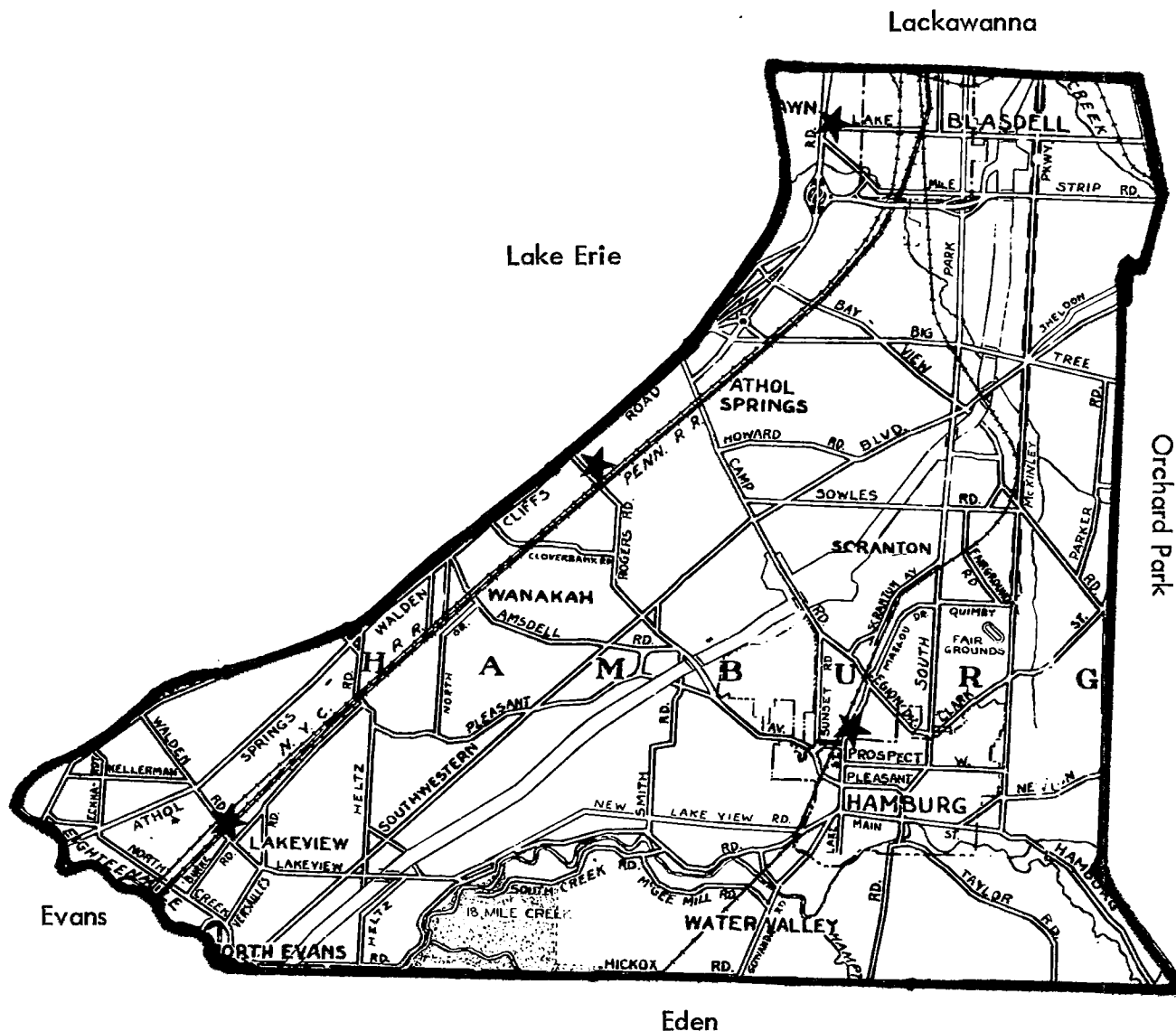
COMMUNITY PROFILE

GRAND ISLAND

| POPULATION CHARACTERISTICS | | | POPULATION CHARACTERISTICS | | |
|---|--------|----|---|-------|----|
| | | r | | | r |
| Population 1970 _____ | 13,977 | 24 | % 65+ _____ | 4.4 | 38 |
| % of County Total Population _____ | 1.26 | | % Under 15 _____ | 35.16 | 4 |
| 1985 Projected Population _____ | 24,045 | | % Under 5 _____ | 10.03 | 5 |
| Number Families _____ | 3,443 | | % Females 15 - 44 _____ | 21.59 | 4 |
| | | | % Black _____ | 0.24 | 24 |
| ECONOMIC INDICATORS | | | VITAL STATISTICS | | |
| % Persons Below Poverty _____ | 4.16 | 34 | Birth Rate/1000 Population _____ | 15.3 | 10 |
| % Families Below Poverty _____ | 3.40 | | Infant Mortality/1000 Live Births _____ | 13.3 | 8 |
| % Families Below Twice Poverty _____ | 12.08 | 37 | Incidence of Tuberculosis/1000 Pop. _____ | 1.4 | 35 |
| Median Family Income _____ | 12,549 | 3 | Death Rate Per 100,000 Population _____ | 53.7 | 39 |
| % Households Without Auto _____ | 1.92 | 1 | | | |
| RESOURCE & UTILIZATION INDICATORS | | | LEADING CAUSES OF DEATH PER 100,000 POP. | | |
| Primary Care Physicians/1000 Pop. _____ | 0.50 | 31 | Disease of Heart _____ | 17.2 | 39 |
| % p.c.p. M.D.'s Above 60 _____ | 0 | | Malignant Neoplasms (cancer) _____ | 12.2 | 33 |
| Emergency Room Visits/1000 Pop. _____ | 125 | 21 | Cerebral Vascular _____ | 3.6 | 39 |
| Emergency Rooms Most Frequented _____ | | | Accidents _____ | 2.1 | 35 |
| Kenmore Mercy _____ | 96.7 | | Influenza & Pneumonia _____ | 1.4 | 35 |
| Millard Fillmore _____ | 7.4 | | Diabetes _____ | 4.1 | 5 |
| Our Lady of Victory _____ | 5.6 | | Certain Causes Infant Mortality _____ | 2.9 | 8 |
| | | | Arterio-Sclerosis _____ | 0.7 | 36 |
| Index of Medical Underservice _____ | 80.9 | 33 | Cirrhosis _____ | 2.1 | 18 |
| | | | Bronchitis, Emph., Asthma _____ | 1.4 | 23 |
| | | | All Other Causes _____ | 10.0 | 25 |

TOWN OF HAMBURG

The Town of Hamburg is about 42 square miles, and has a population of about 48,000. New community developments are located in Lake Shore and Lake View and are continuing to be developed in various other sections of the town. This residential community is surrounded by diversified farming areas. Most of the industry in Hamburg is located along the lake shore area. Hilbert College, a two year institution, is situated in the town and a new branch of Erie Community College, which opened in 1974, also offers a two year program.



★ Categorical Programs
 Lead Program
 Well-Baby Clinics

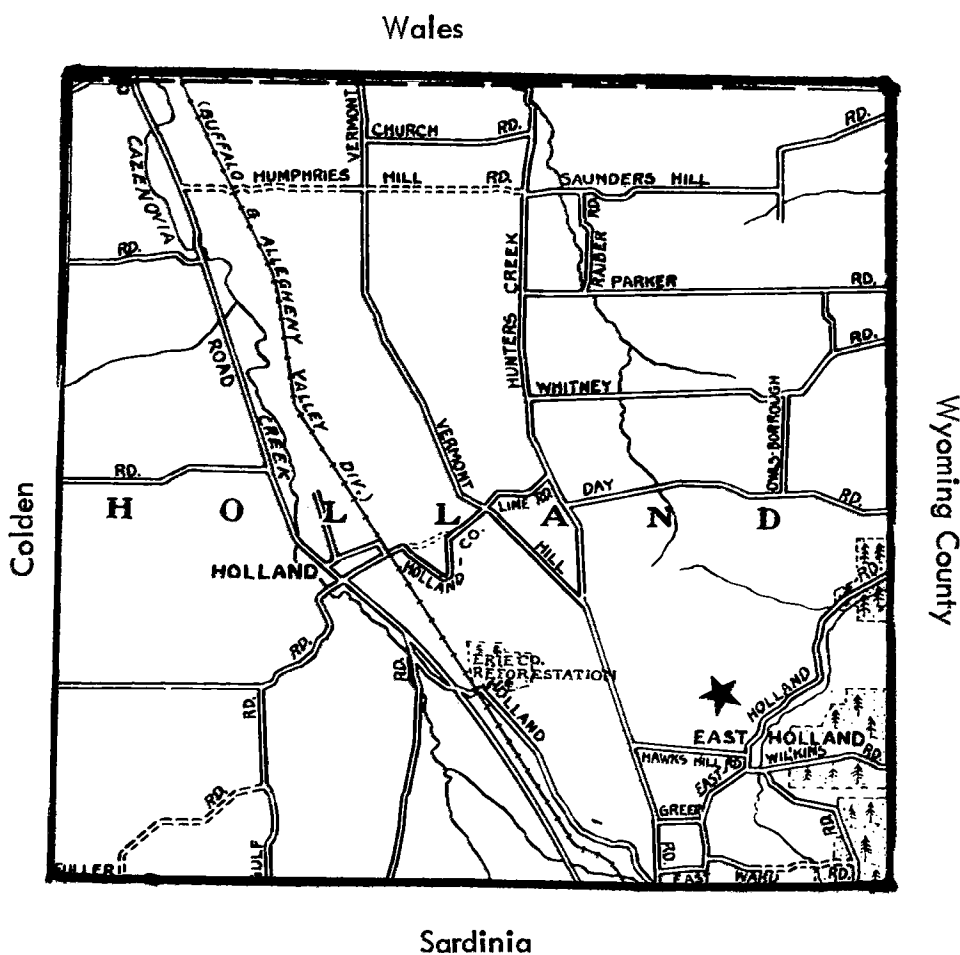
COMMUNITY PROFILE

HAMBURG

| POPULATION CHARACTERISTICS | | | POPULATION CHARACTERISTICS | | |
|---|--------|----|---|-------|----|
| | | r | | | r |
| Population 1970 _____ | 47,644 | 11 | % 65+ _____ | 7.4 | 30 |
| % of County Total Population _____ | 4.28 | | % Under 15 _____ | 31.38 | 19 |
| 1985 Projected Population _____ | 69,885 | | % Under 5 _____ | 8.50 | 20 |
| Number Families _____ | 11,924 | | % Females 15 - 44 _____ | 20.47 | 18 |
| | | | % Black _____ | 0.07 | 28 |
| ECONOMIC INDICATORS | | | VITAL STATISTICS | | |
| % Persons Below Poverty _____ | 4.61 | 31 | Birth Rate/1000 Population _____ | 12.7 | 38 |
| % Families Below Poverty _____ | 3.37 | | Infant Mortality/1000 Live Births _____ | 19.0 | 20 |
| % Families Below Twice Poverty _____ | 17.13 | 31 | Incidence of Tuberculosis/1000 Pop. _____ | 9.2 | 24 |
| Median Family Income _____ | 11,566 | 11 | Death Rate Per 100,000 Population _____ | 81.6 | 29 |
| % Households Without Auto _____ | 6.98 | 14 | | | |
| RESOURCE & UTILIZATION INDICATORS | | | LEADING CAUSES OF DEATH PER 100,000 POP. | | |
| Primary Care Physicians/1000 Pop. _____ | 0.34 | 23 | Disease of Heart _____ | 34.6 | 22 |
| % p.c.p. M.D.'s Above 60 _____ | 25 | | Malignant Neoplasms (cancer) _____ | 17.4 | 22 |
| Emergency Room Visits/1000 Pop. _____ | 149 | 19 | Cerebral Vascular _____ | 8.0 | 31 |
| Emergency Rooms Most Frequented _____ | | | Accidents _____ | 4.6 | 18 |
| Our Lady of Victory _____ | 86.2 | | Influenza & Pneumonia _____ | 0.4 | 39 |
| South Buffalo Mercy _____ | 31.1 | | Diabetes _____ | 1.9 | 18 |
| Buffalo General _____ | 9.8 | | Certain Causes Infant Mortality _____ | 0.8 | 31 |
| Index of Medical Underservice _____ | 72.3 | 21 | Arterio-Sclerosis _____ | 2.3 | 17 |
| | | | Cirrhosis _____ | 0.8 | 34 |
| | | | Bronchitis, Emph., Asthma _____ | 1.0 | 35 |
| | | | All Other Causes _____ | 9.7 | 26 |

TOWN OF HOLLAND

The Town of Holland expands 36 square miles. Although it has no library, it does have a Historical Society. The population in 1970 was 3,131 and has since then increased by about 140 persons. The majority of the residents are scattered throughout the town with somewhat of a concentration in the hamlet of Holland. The residents can best be described as predominantly white blue collar workers. Holland is the home of the Fisher Price Industry. Dairy farming is very important in this rural community.



★ Categorical Program
Well-Baby Clinic

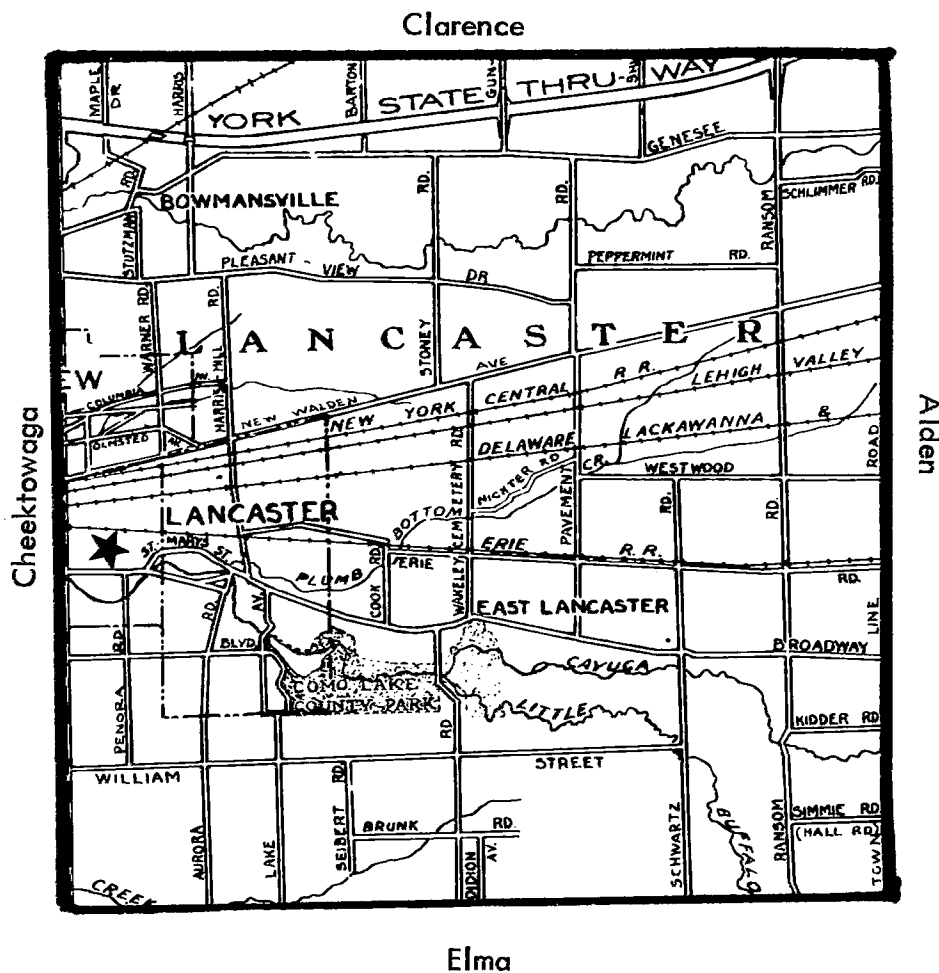
COMMUNITY PROFILE

HOLLAND

| POPULATION CHARACTERISTICS | | | POPULATION CHARACTERISTICS | | |
|---|-------|----|---|-------|----|
| | | r | | | r |
| Population 1970 _____ | 3,140 | 35 | % 65+ _____ | 8.7 | 18 |
| % of County Total Population _____ | 0.28 | | % Under 15 _____ | 33.73 | 9 |
| 1985 Projected Population _____ | 4,325 | | % Under 5 _____ | 10.67 | 4 |
| Number Families _____ | 774 | | % Females 15 - 44 _____ | 20.61 | 13 |
| | | | % Black _____ | 0 | 32 |
| ECONOMIC INDICATORS | | | VITAL STATISTICS | | |
| % Persons Below Poverty _____ | 8.3 | 15 | Birth Rate/1000 Population _____ | 21.9 | 39 |
| % Families Below Poverty _____ | 8.27 | | Infant Mortality/1000 Live Births _____ | 23.3 | 32 |
| % Families Below Twice Poverty _____ | 26.87 | 11 | Incidence of Tuberculosis/1000 Pop. _____ | 0.0 | 36 |
| Median Family Income _____ | 9,663 | 28 | Death Rate Per 100,000 Population _____ | 114.6 | 9 |
| % Households Without Auto _____ | 5.47 | 9 | | | |
| RESOURCE & UTILIZATION INDICATORS | | | LEADING CAUSES OF DEATH PER 100,000 POP. | | |
| Primary Care Physicians/1000 Pop. _____ | 0.00 | 5 | Disease of Heart _____ | 35.0 | 19 |
| % p.c.p. M.D.'s Above 60 _____ | 0 | | Malignant Neoplasms (cancer) _____ | 15.9 | 28 |
| Emergency Room Visits/1000 Pop. _____ | 0 | 30 | Cerebral Vascular _____ | 9.6 | 23 |
| Emergency Rooms Most Frequented _____ | | | Accidents _____ | 15.9 | 1 |
| | | | Influenza & Pneumonia _____ | 0.4 | 40 |
| | | | Diabetes _____ | 1.9 | 19 |
| | | | Certain Causes Infant Mortality _____ | 0.8 | 32 |
| | | | Arterio-Sclerosis _____ | 6.4 | 2 |
| | | | Cirrhosis _____ | 3.2 | 9 |
| | | | Bronchitis, Emph., Asthma _____ | 3.2 | 6 |
| Index of Medical Underservice _____ | 58.8 | 7 | All Other Causes _____ | 25.5 | 4 |

TOWN OF LANCASTER

The Town of Lancaster covers about 42 square miles with a population of about 30,634 which is continuing to increase. Hundreds of acres of land have been zoned for industrial use. Lancaster provides a diversified pool of skilled workers, a high percentage of them are second and third generation, with the majority of the population residing in the Village of Lancaster.



★ Categorical Program
Well-Baby Clinic

COMMUNITY PROFILE

LANCASTER

| POPULATION CHARACTERISTICS | | r | POPULATION CHARACTERISTICS | | r |
|---|--------|----|---|-------|----|
| Population 1970 _____ | 30,634 | 14 | % 65+ _____ | 8.4 | 21 |
| % of County Total Population _____ | 2.75 | | % Under 15 _____ | 30.21 | 25 |
| 1985 Projected Population _____ | 35,005 | | % Under 5 _____ | 8.93 | 16 |
| Number Families _____ | 7,741 | | % Females 15 - 44 _____ | 20.24 | 20 |
| | | | % Black _____ | 0.6 | 15 |
| ECONOMIC INDICATORS | | | VITAL STATISTICS | | |
| % Persons Below Poverty _____ | 6.2 | 24 | Birth Rate/1000 Population _____ | 11.5 | 17 |
| % Families Below Poverty _____ | 4.87 | | Infant Mortality/1000 Live Births _____ | 18.0 | 18 |
| % Families Below Twice Poverty _____ | 21.21 | 23 | Incidence of Tuberculosis/1000 Pop. _____ | 11.1 | 19 |
| Median Family Income _____ | 10,570 | 18 | Death Rate Per 100,000 Population _____ | 88.8 | 21 |
| % Households Without Auto _____ | 10.55 | 19 | | | |
| RESOURCE & UTILIZATION INDICATORS | | | LEADING CAUSES OF DEATH PER 100,000 POP. | | |
| Primary Care Physicians/1000 Pop. _____ | 0.31 | 21 | Disease of Heart _____ | 34.9 | 20 |
| % p.c.p. M.D.'s Above 60 _____ | 0 | | Malignant Neoplasms (cancer) _____ | 22.5 | 9 |
| Emergency Room Visits/1000 Pop. _____ | 238 | 14 | Cerebral Vascular _____ | 8.5 | 28 |
| Emergency Rooms Most Frequented | | | Accidents _____ | 2.9 | 29 |
| St. Joseph's Intercommunity | 186.6 | | Influenza & Pneumonia _____ | 2.0 | 26 |
| E.J. Meyer Memorial | 19.0 | | Diabetes _____ | 1.6 | 28 |
| Sisters | 6.9 | | Certain Causes Infant Mortality _____ | 1.6 | 21 |
| Index of Medical Underservice _____ | 72.1 | 20 | Arterio-Sclerosis _____ | 1.0 | 34 |
| | | | Cirrhosis _____ | 2.0 | 19 |
| | | | Bronchitis, Emph., Asthma _____ | 1.6 | 22 |
| | | | All Other Causes _____ | 10.1 | 24 |

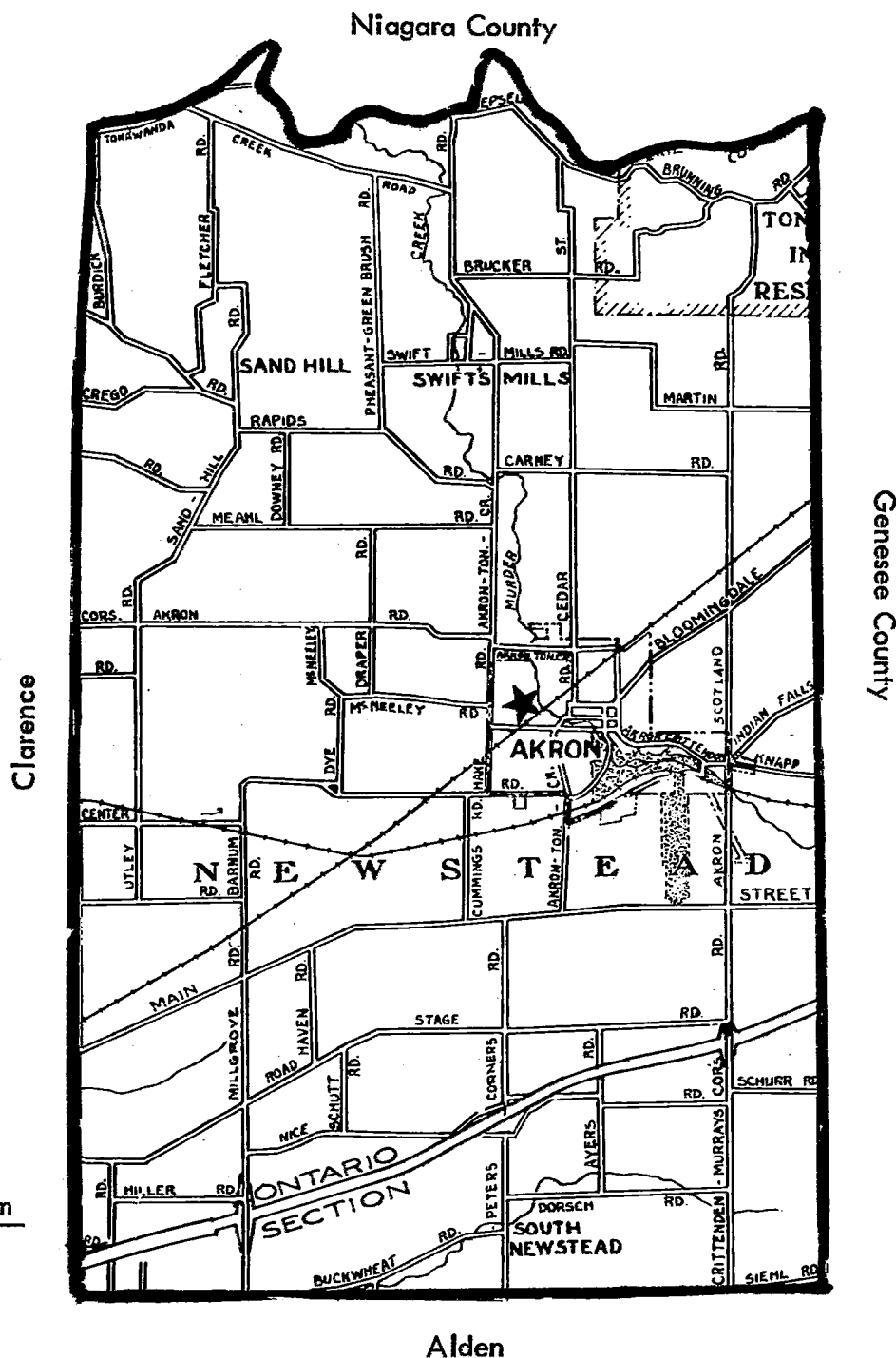
COMMUNITY PROFILE

MARILLA

| POPULATION CHARACTERISTICS | | | POPULATION CHARACTERISTICS | | |
|-----------------------------------|--------|----|--|-------|----|
| | | r | | | r |
| Population 1970 | 3,250 | 35 | % 65+ | 7.6 | 27 |
| % of County Total Population | 0.29 | | % Under 15 | 33.02 | 13 |
| 1985 Projected Population | 4,905 | | % Under 5 | 8.37 | 22 |
| Number Families | 816 | | % Females 15 - 44 | 21.75 | 3 |
| | | | % Black | 0 | 32 |
| ECONOMIC INDICATORS | | | VITAL STATISTICS | | |
| % Persons Below Poverty | 6.00 | 25 | Birth Rate/1000 Population | 16.3 | 18 |
| % Families Below Poverty | 6.37 | | Infant Mortality/1000 Live Births | 23.4 | 34 |
| % Families Below Twice Poverty | 18.01 | 27 | Incidence of Tuberculosis/1000 Pop. | 12.3 | 16 |
| Median Family Income | 12,089 | 8 | Death Rate Per 100,000 Population | 83.1 | 25 |
| % Households Without Auto | 5.65 | 10 | | | |
| RESOURCE & UTILIZATION INDICATORS | | | LEADING CAUSES OF DEATH PER 100,000 POP. | | |
| Primary Care Physicians/1000 Pop. | 0.0 | 6 | Disease of Heart | 46.2 | 8 |
| % p.c.p. M.D.'s Above 60 | 0.0 | | Malignant Neoplasms (cancer) | 12.3 | 32 |
| Emergency Room Visits/1000 Pop. | 24 | 26 | Cerebral Vascular | 3.1 | 40 |
| Emergency Rooms Most Frequented | | | Accidents | 6.2 | 10 |
| St. Joseph's Intercommunity | 24.0 | | Influenza & Pneumonia | 2.0 | 27 |
| | | | Diabetes | 1.6 | 29 |
| | | | Certain Causes Infant Mortality | 1.6 | 22 |
| | | | Arterio-Sclerosis | 6.2 | 3 |
| | | | Cirrhosis | 2.0 | 19 |
| | | | Bronchitis, Emph., Asthma | 1.6 | 22 |
| Index of Medical Underservice | 60.8 | 9 | All Other Causes | 9.2 | 30 |

TOWN OF NEWSTEAD

The Town of Newstead covers approximately 47 square miles, of which approximately half is devoted to farming. Ford Gum Inc., Cold Spring Construction, Whiting Roll-Up Door Mfg. Corp., Aakron Rule Corp., County Line Stone Inc., Excel Industries, Wales-Strippit Co., Anox Inc., and Georgia Pacific, provide employment for the residents. Approximately one quarter of the Tonawanda Indian Reservation is within the Town of Newstead. Clarence Community Counselling Center provides Drug Counselling and Family Counselling to the residents of the Indian Reservation. The majority of the children on the reservation attend school in Akron. The bulk of the population is centered around the Village of Akron.



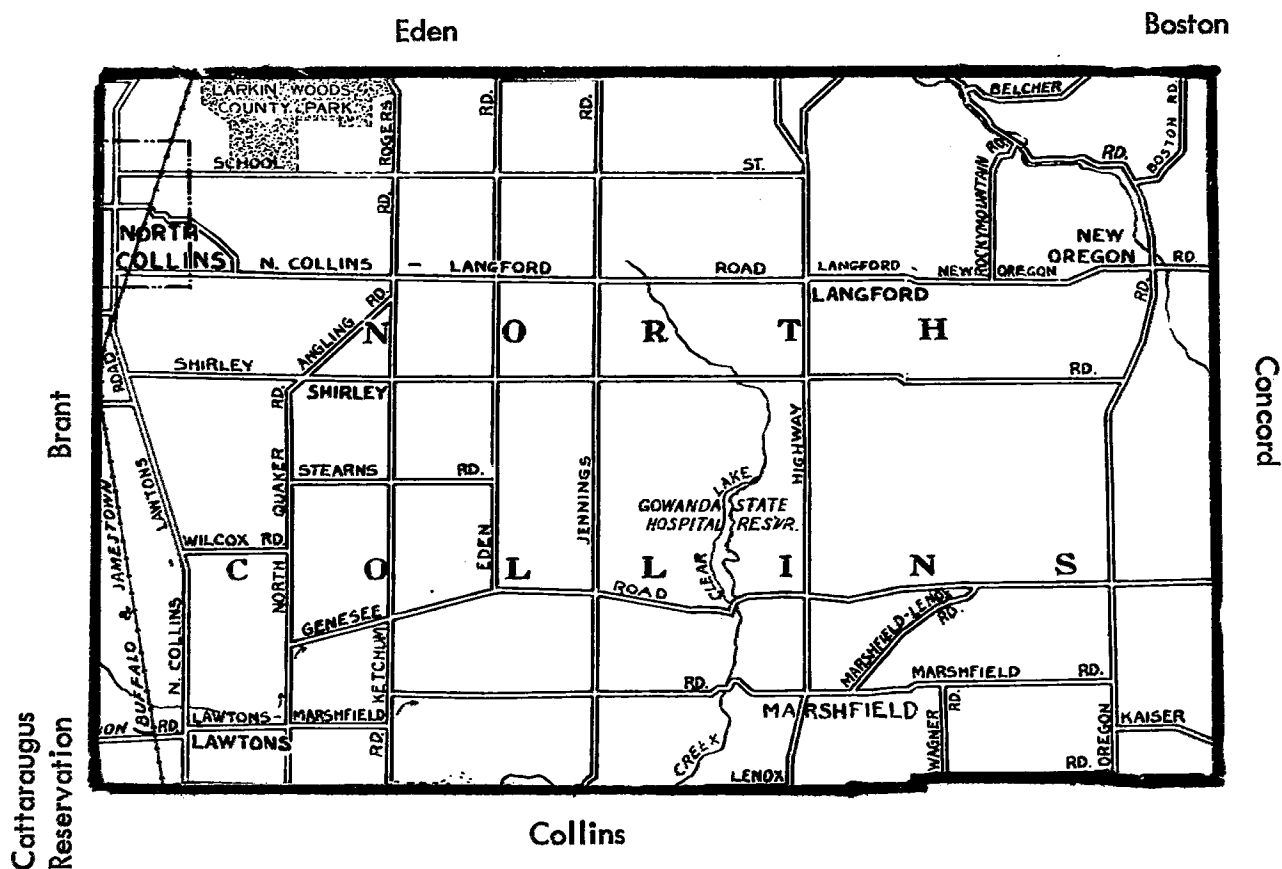
COMMUNITY PROFILE

NEWSTEAD

| POPULATION CHARACTERISTICS | | | POPULATION CHARACTERISTICS | | |
|---|--------|----|---|-------|----|
| | | r | | | r |
| Population 1970 _____ | 6,338 | 31 | % 65+ _____ | 11.1 | 10 |
| % of County Total Population _____ | 0.57 | | % Under 15 _____ | 29.28 | 28 |
| 1985 Projected Population _____ | 7,110 | | % Under 5 _____ | 7.87 | 27 |
| Number Families _____ | 1,642 | | % Females 15 - 44 _____ | 19.52 | 78 |
| | | | % Black _____ | 0.28 | 22 |
| ECONOMIC INDICATORS | | | VITAL STATISTICS | | |
| % Persons Below Poverty _____ | 6.4 | 21 | Birth Rate/1000 Population _____ | 12.9 | 7 |
| % Families Below Poverty _____ | 4.87 | | Infant Mortality/1000 Live Births _____ | 21.9 | 29 |
| % Families Below Twice Poverty _____ | 23.75 | 17 | Incidence of Tuberculosis/1000 Pop. _____ | 9.5 | 23 |
| Median Family Income _____ | 10,027 | 21 | Death Rate Per 100,000 Population _____ | 108.9 | 10 |
| % Households Without Auto _____ | 10.92 | 22 | | | |
| RESOURCE & UTILIZATION INDICATORS | | | LEADING CAUSES OF DEATH PER 100,000 POP. | | |
| Primary Care Physicians/1000 Pop. _____ | 0.15 | 13 | Disease of Heart _____ | 37.9 | 16 |
| % p.c.p. M.D.'s Above 60 _____ | 0 | | Malignant Neoplasms (cancer) _____ | 20.5 | 12 |
| Emergency Room Visits/1000 Pop. _____ | 0 | 30 | Cerebral Vascular _____ | 14.2 | 9 |
| Emergency Rooms Most Frequented _____ | | | Accidents _____ | 7.9 | 7 |
| | | | Influenza & Pneumonia _____ | 3.2 | 13 |
| | | | Diabetes _____ | 3.2 | 9 |
| | | | Certain Causes Infant Mortality _____ | 1.6 | 23 |
| | | | Arterio-Sclerosis _____ | 4.7 | 6 |
| | | | Cirrhosis _____ | 2.0 | 19 |
| | | | Bronchitis, Emph., Asthma _____ | 16.0 | 22 |
| Index of Medical Underservice _____ | 63.5 | 12 | All Other Causes _____ | 14.2 | 13 |
| | | | | | |

TOWN OF NORTH COLLINS

The Town of North Collins is square miles. There is some industry in the Town, with Continental Can Company being the largest employer. Truck farming is important to the residents in the Town. The Town's population is scattered throughout North Collins with no major pockets of population. The number of persons has slowly increased since the 1970 population figure of 4,052. Shopping facilities are adequate and include a drug store and hardware store. The Town is both hilly and level. Clear Lake, which is fed by Clear Creek, is in south central North Collins. The only village in the town is North Collins. The residents of the town are predominantly white with a high percentage of Italians who represent about an equal number of blue and white collar workers.



COMMUNITY PROFILE

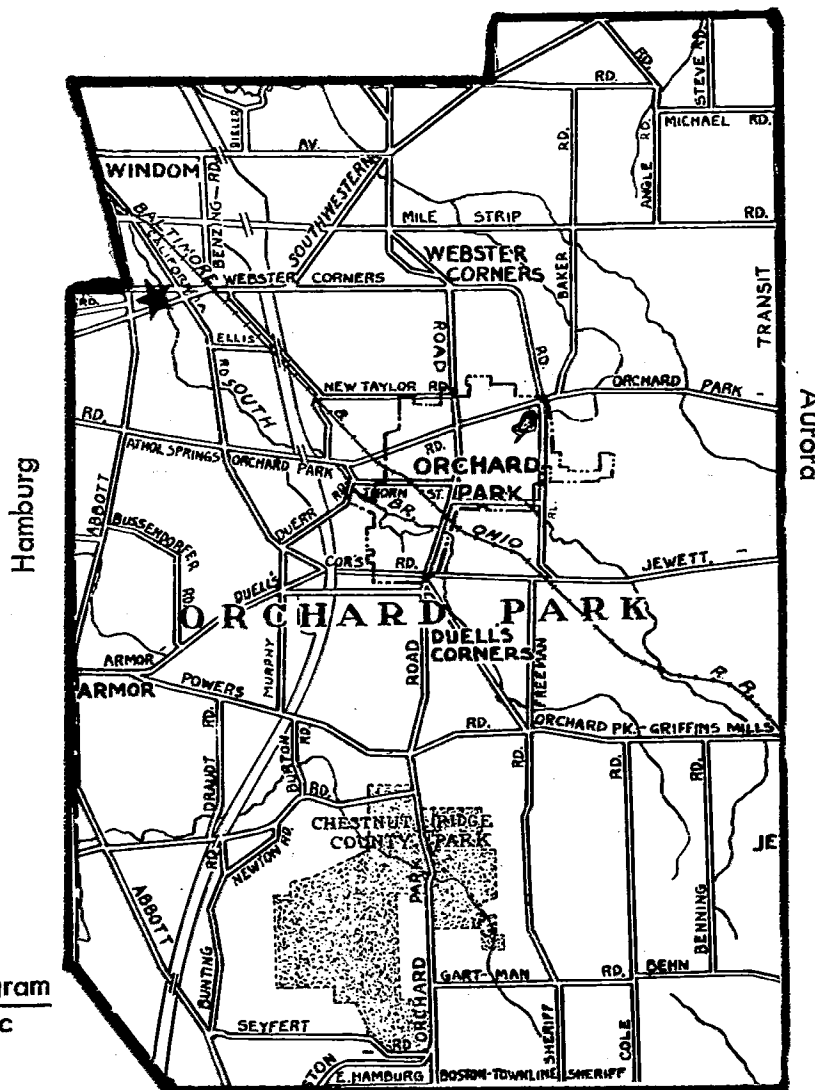
NORTH COLLINS

| POPULATION CHARACTERISTICS | | r | POPULATION CHARACTERISTICS | | r |
|---|-------|----|---|-------|----|
| Population 1970 _____ | 4,090 | 33 | % 65+ _____ | 7.65 | 26 |
| % of County Total Population _____ | 0.37 | | % Under 15 _____ | 34.91 | 7 |
| 1985 Projected Population _____ | 4,205 | | % Under 5 _____ | 9.66 | 8 |
| Number Families _____ | 988 | | % Females 15 - 44 _____ | 20.66 | 11 |
| | | | % Black _____ | 0.07 | 28 |
| ECONOMIC INDICATORS | | | VITAL STATISTICS | | |
| % Persons Below Poverty _____ | 13.4 | 7 | Birth Rate/1000 Population _____ | 13.4 | 8 |
| % Families Below Poverty _____ | 13.16 | | Infant Mortality/1000 Live Births _____ | 15.5 | 15 |
| % Families Below Twice Poverty _____ | 40.89 | 3 | Incidence of Tuberculosis/1000 Pop. _____ | 83.1 | 26 |
| Median Family Income _____ | 9,356 | 31 | Death Rate Per 100,000 Population _____ | 9.8 | 22 |
| % Households Without Auto _____ | 9.38 | 18 | | | |
| RESOURCE & UTILIZATION INDICATORS | | | LEADING CAUSES OF DEATH PER 100,000 POP. | | |
| Primary Care Physicians/1000 Pop. _____ | 0.15 | 30 | Disease of Heart _____ | 34.2 | 24 |
| % p.c.p. M.D.'s Above 60 _____ | 0 | | Malignant Neoplasms (cancer) _____ | 9.8 | 36 |
| Emergency Room Visits/1000 Pop. _____ | 12.7 | 27 | Cerebral Vascular _____ | 9.8 | 21 |
| Emergency Rooms Most Frequented _____ | | | Accidents _____ | 7.3 | 9 |
| St. Joseph's Intercommunity _____ | 12.7 | | Influenza & Pneumonia _____ | 3.2 | 14 |
| | | | Diabetes _____ | 3.2 | 10 |
| | | | Certain Causes Infant Mortality _____ | 1.6 | 24 |
| | | | Arterio-Sclerosis _____ | 2.4 | 15 |
| | | | Cirrhosis _____ | 2.0 | 19 |
| | | | Bronchitis, Emph., Asthma _____ | 2.4 | 12 |
| Index of Medical Underservice _____ | 74.9 | 28 | All Other Causes _____ | 17.1 | 10 |
| | | | | | |

TOWN OF ORCHARD PARK

The Town of Orchard Park is about 35 square miles. The population, according to the 1970 census, was 19,978 but this has and continues to increase. The residents are scattered throughout the township with the largest concentration in the Village of Orchard Park. Adequate shopping resources are located in the Township to meet the needs of the residents and several doctors and dentists have established practices there. Yates Park, which includes a recreation building, has been established for town residents on Green Lake. Chestnut Ridge Park located just south of the Village of Orchard Park expands to 1,320 acres. Rich Stadium, Home of the Buffalo Bills, and the South Campus of Erie Community College are located in Orchard Park. The terrain of Orchard Park, though mostly flat, does have hilly areas. Crops rather than cattle are raised on the farms which are located in the more rural sections of the town.

West Seneca



★ Categorical Program
Well-Baby Clinic

Boston

COMMUNITY PROFILE

ORCHARD PARK

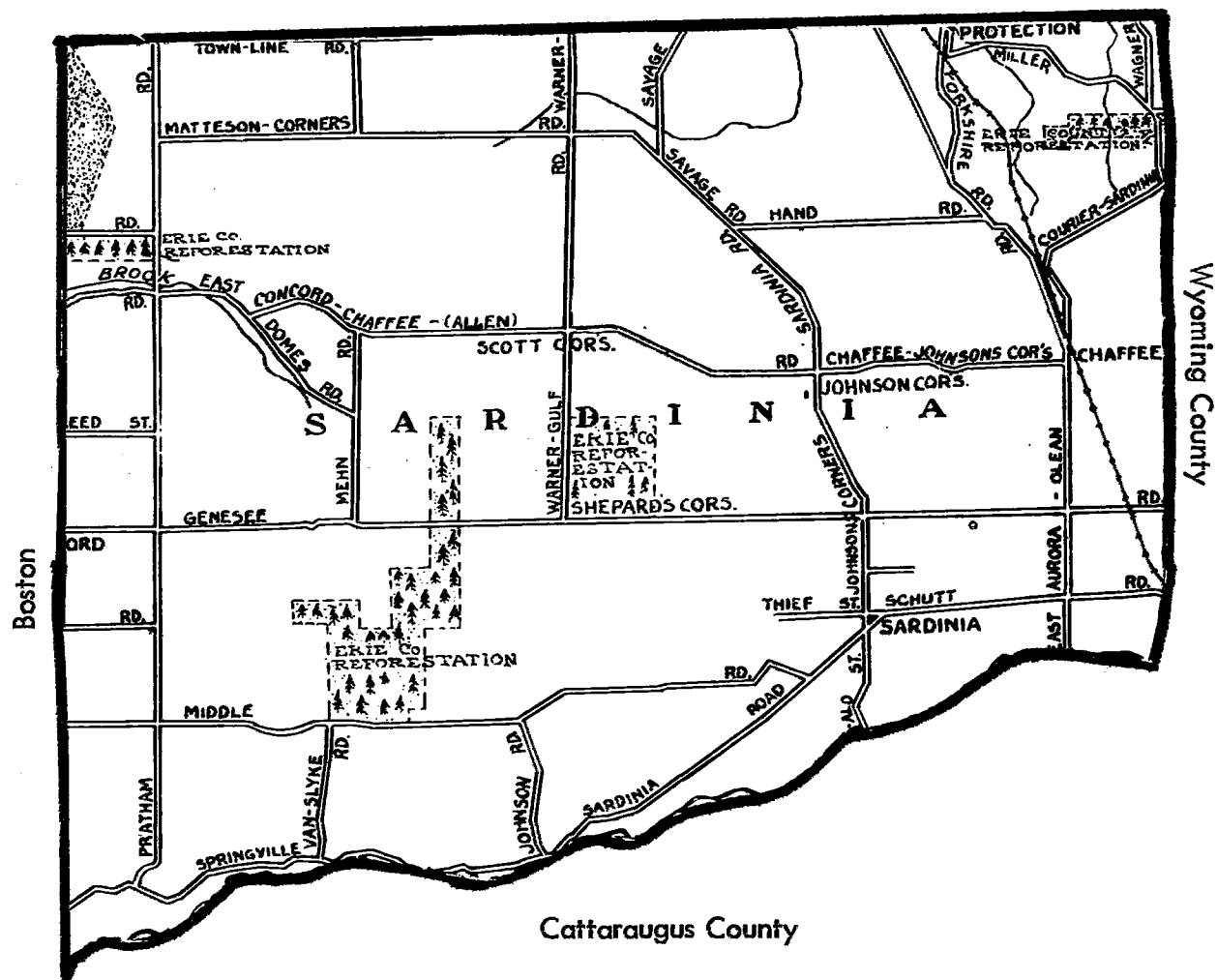
| POPULATION CHARACTERISTICS | | | POPULATION CHARACTERISTICS | | |
|-----------------------------------|--------|----|--|-------|----|
| | | r | | | r |
| Population 1970 | 19,978 | 17 | % 65+ | 7.5 | 29 |
| % of County Total Population | 1.79 | | % Under 15 | 32.06 | 16 |
| 1985 Projected Population | 38,760 | | % Under 5 | 7.99 | 24 |
| Number Families | 4,862 | | % Females 15 - 44 | 20.15 | 14 |
| | | | % Black | 0.22 | 26 |
| ECONOMIC INDICATORS | | | VITAL STATISTICS | | |
| % Persons Below Poverty | 3.8 | 38 | Birth Rate/1000 Population | 11.6 | 32 |
| % Families Below Poverty | 3.29 | | Infant Mortality/1000 Live Births | 14.0 | 11 |
| % Families Below Twice Poverty | 14.91 | 34 | Incidence of Tuberculosis/1000 Pop. | 8.0 | 26 |
| Median Family Income | 12,240 | 6 | Death Rate Per 100,000 Population | 76.6 | 32 |
| % Households Without Auto | 5.04 | 8 | | | |
| RESOURCE & UTILIZATION INDICATORS | | | LEADING CAUSES OF DEATH PER 100,000 POP. | | |
| Primary Care Physicians/1000 Pop. | 0.45 | 28 | Disease of Heart | 25.0 | 37 |
| % p.c.p. M.D.'s Above 60 | 9.0 | | Malignant Neoplasms (cancer) | 19.0 | 17 |
| Emergency Room Visits/1000 Pop. | 113 | 22 | Cerebral Vascular | 11.0 | 18 |
| Emergency Rooms Most Frequented | | | Accidents | 6.0 | 11 |
| South Buffalo Mercy | 60.5 | | Influenza & Pneumonia | 1.0 | 37 |
| Our Lady of Victory | 20.8 | | Diabetes | 1.0 | 38 |
| St. Joseph's Intercommunity | 7.8 | | Certain Causes Infant Mortality | 0.5 | 39 |
| | | | Arterio-Sclerosis | 1.5 | 30 |
| Index of Medical Underservice | 80.3 | 32 | Cirrhosis | 0.5 | 39 |
| | | | Bronchitis, Emph., Asthma | 2.0 | 17 |
| | | | All Other Causes | 9.0 | 32 |

TOWN OF SARDINIA

The Town of Sardinia is about 54 square miles and has a population of over 2,600. The population is increasing and is centered primarily in the hamlets of Chaffee and Sardinia. Though dairy farming has been decreasing in this rural community, it is still of major importance. Truck farming is also engaged in with the greatest acreage devoted to beans and strawberries. Industry is limited to the Diamond Saw Company. Most of the residents who do not engage in farming are blue collar workers in the nearby hamlets and more urban areas.

Colden

Holland



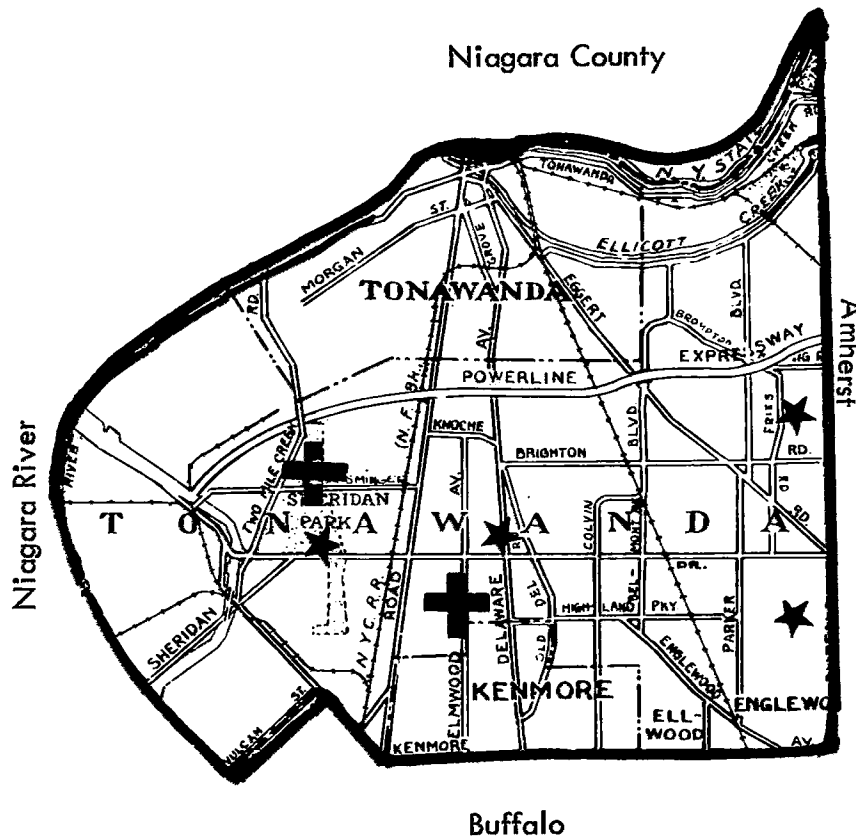
COMMUNITY PROFILE

SARDINIA

| POPULATION CHARACTERISTICS | | r | POPULATION CHARACTERISTICS | | r |
|-----------------------------------|-------|----|--|-------|----|
| Population 1970 | 2,505 | 39 | % 65+ | 8.18 | |
| % of County Total Population | 0.22 | | % Under 15 | 35.93 | 2 |
| 1985 Projected Population | 2,740 | | % Under 5 | 11.46 | 1 |
| Number Families | 592 | | % Females 15 - 44 | 20.52 | 16 |
| | | | % Black | 0.28 | 22 |
| ECONOMIC INDICATORS | | | VITAL STATISTICS | | |
| % Persons Below Poverty | 6.39 | 23 | Birth Rate/1000 Population | 12.7 | 33 |
| % Families Below Poverty | 5.07 | | Infant Mortality/1000 Live Births | 8.7 | 3 |
| % Families Below Twice Poverty | 21.62 | 22 | Incidence of Tuberculosis/1000 Pop. | 0.0 | 36 |
| Median Family Income | 9,891 | 25 | Death Rate Per 100,000 Population | 67.9 | 36 |
| % Households Without Auto | 4.83 | 6 | | | |
| RESOURCE & UTILIZATION INDICATORS | | | LEADING CAUSES OF DEATH PER 100,000 POP. | | |
| Primary Care Physicians/1000 Pop. | 0.0 | 7 | Disease of Heart | 31.9 | 21 |
| % p.c.p. M.D.'s Above 60 | 0 | | Malignant Neoplasms (cancer) | 4.0 | 40 |
| Emergency Room Visits/1000 Pop. | 0 | 30 | Cerebral Vascular | 16.0 | 6 |
| Emergency Rooms Most Frequented | | | Accidents | 6.0 | 12 |
| | | | Influenza & Pneumonia | 1.0 | 38 |
| | | | Diabetes | 1.0 | 39 |
| | | | Certain Causes Infant Mortality | 0.5 | 40 |
| | | | Arterio-Sclerosis | 1.5 | 30 |
| | | | Cirrhosis | 0.5 | 39 |
| | | | Bronchitis, Emph., Asthma | 8.0 | 1 |
| Index of Medical Underservice | 72.7 | 24 | All Other Causes | 8.0 | 36 |

TOWN OF TONAWANDA

The Town of Tonawanda is approximately 20 square miles and includes the Village of Kenmore. The population has increased from 107,282 in 1970 to approximately 110,000. Because very little of the town remains under-developed, it is expected that the population will not increase to any degree. Most of the town's industry is concentrated along River Road and includes such companies as Chevrolet, Dupont, Linde, etc. The town's residents are predominantly white, white collar workers. The Village of Kenmore is located immediately north of Buffalo in the Town of Tonawanda and was incorporated as a Village in 1899. It is largely a residential community and shopping center.



Hospitals

1. Sheridan Park Hospital (Doctors)
2. Kenmore Mercy Hospital



Categorical Programs

Well-Baby Clinics

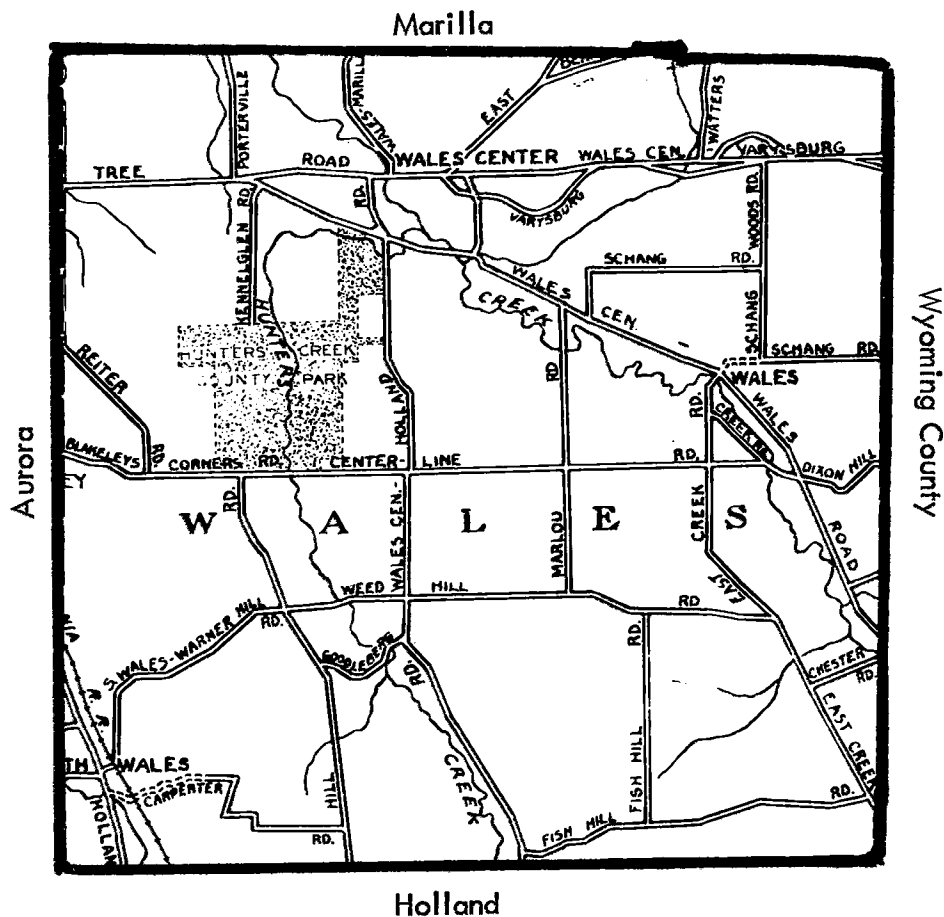
COMMUNITY PROFILE

TOWN OF TONAWANDA

| POPULATION CHARACTERISTICS | | | POPULATION CHARACTERISTICS | | |
|---|---------|----|---|-------|----|
| | | r | | | r |
| Population 1970 _____ | 107,282 | 2 | % 65+ _____ | 8.6 | 19 |
| % of County Total Population _____ | 9.63 | | % Under 15 _____ | 28.61 | 30 |
| 1985 Projected Population _____ | | | % Under 5 _____ | 7.37 | 35 |
| Number Families _____ | 27,757 | | % Females 15 - 44 _____ | 20.64 | 12 |
| | | | % Black _____ | 0.31 | 20 |
| ECONOMIC INDICATORS | | | VITAL STATISTICS | | |
| % Persons Below Poverty _____ | 4.10 | 36 | Birth Rate/1000 Population _____ | 9.6 | 25 |
| % Families Below Poverty _____ | 3.29 | | Infant Mortality/1000 Live Births _____ | 15.0 | 14 |
| % Families Below Twice Poverty _____ | 14.66 | 36 | Incidence of Tuberculosis/1000 Pop. _____ | 7.5 | 28 |
| Median Family Income _____ | 11,841 | 9 | Death Rate Per 100,000 Population _____ | 81.7 | 28 |
| % Households Without Auto _____ | 5.92 | 12 | | | |
| RESOURCE & UTILIZATION INDICATORS | | | LEADING CAUSES OF DEATH PER 100,000 POP. | | |
| Primary Care Physicians/1000 Pop. _____ | 0.59 | 32 | Disease of Heart _____ | 33.5 | 25 |
| % p.c.p. M.D.'s Above 60 _____ | 24 | | Malignant Neoplasms (cancer) _____ | 18.1 | 19 |
| Emergency Room Visits/1000 Pop. _____ | 165 | 17 | Cerebral Vascular _____ | 9.3 | 24 |
| Emergency Rooms Most Frequented _____ | | | Accidents _____ | 2.0 | 36 |
| Kenmore Mercy _____ | 117.2 | | Influenza & Pneumonia _____ | 2.3 | 22 |
| E.J. Meyer Memorial _____ | 11.6 | | Diabetes _____ | 1.2 | 35 |
| Millard Fillmore _____ | 9.9 | | Certain Causes Infant Mortality _____ | 1.3 | 30 |
| | | | Arterio-Sclerosis _____ | 2.1 | 19 |
| Index of Medical Underservice _____ | 82.7 | 38 | Cirrhosis _____ | 1.5 | 25 |
| | | | Bronchitis, Emph., Asthma _____ | 1.1 | 29 |
| | | | All Other Causes _____ | 9.2 | 30 |

TOWN OF WALES

Located about 30 miles southeast of Buffalo at the end of Route 400 Expressway, the Town of Wales covers approximately 35 square miles and has a population of 2,600. Characterized by friendly people, rolling hills, open farm land and large stands of trees, Wales is increasingly attracting more permanent and seasonal residents. By 1985 the population of Wales is expected to reach 3,400, a growth rate of 30%, one of the highest in Erie County.

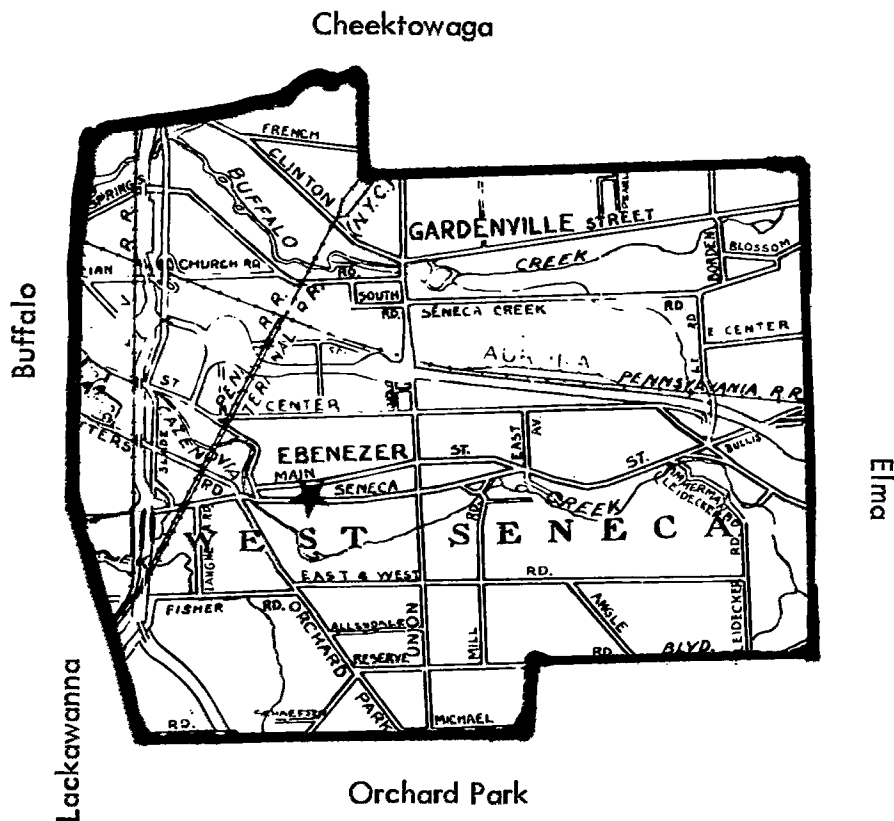


C O M M U N I T Y P R O F I L E
W A L E S

| POPULATION CHARACTERISTICS | | | POPULATION CHARACTERISTICS | | |
|---|--------|----|---|-------|----|
| | | r | | | r |
| Population 1970 _____ | 2,617 | 38 | % 65+ _____ | 6.69 | |
| % of County Total Population _____ | 0.24 | | % Under 15 _____ | 34.93 | 5 |
| 1985 Projected Population _____ | 3,380 | | % Under 5 _____ | 9.21 | 14 |
| Number Families _____ | 649 | | % Females 15 - 44 _____ | 20.10 | 21 |
| | | | % Black _____ | 0.57 | 16 |
| ECONOMIC INDICATORS | | | VITAL STATISTICS | | |
| % Persons Below Poverty _____ | 10.7 | 10 | Birth Rate/1000 Population _____ | 16.8 | 11 |
| % Families Below Poverty _____ | 8.63 | | Infant Mortality/1000 Live Births _____ | 23.4 | 33 |
| % Families Below Twice Poverty _____ | 22.50 | 20 | Incidence of Tuberculosis/1000 Pop. _____ | 15.3 | 12 |
| Median Family Income _____ | 10,877 | 15 | Death Rate Per 100,000 Population _____ | 81.1 | 7 |
| % Households Without Auto _____ | 12.10 | 25 | | | |
| RESOURCE & UTILIZATION INDICATORS | | | LEADING CAUSES OF DEATH PER 100,000 POP. | | |
| Primary Care Physicians/1000 Pop. _____ | 0.00 | 8 | Disease of Heart _____ | 34.4 | 23 |
| % p.c.p. M.D.'s Above 60 _____ | 0 | | Malignant Neoplasms (cancer) _____ | 11.5 | 34 |
| Emergency Room Visits/1000 Pop. _____ | 0 | 30 | Cerebral Vascular _____ | 15.3 | 7 |
| Emergency Rooms Most Frequented _____ | | | Accidents _____ | 7.6 | 1 |
| | | | Influenza & Pneumonia _____ | 3.8 | 6 |
| | | | Diabetes _____ | 3.8 | 6 |
| | | | Certain Causes Infant Mortality _____ | 3.8 | 6 |
| | | | Arterio-Sclerosis _____ | 2.1 | 19 |
| | | | Cirrhosis _____ | 1.5 | 25 |
| | | | Bronchitis, Emph., Asthma _____ | 1.1 | 29 |
| Index of Medical Underservice _____ | 58.0 | 6 | All Other Causes _____ | 9.2 | 30 |

TOWN OF WEST SENECA

The Town of West Seneca extends over 21.8 square miles and is of level terrain. West Seneca was founded by the Ebenezers as a religious haven in 1842 and incorporated in 1851. The population of about 53,000 has increased since the 1970 census. Many new suburban areas have been developed over the past two years. The town has its own Historical Society and public library. The Seneca Mall, South Gate and Wimbeldon Plazas provide major shopping centers to the residents of the area. The Town is a combination of rural and urban elements. Farming is still engaged in but has decreased in importance over the years. Various industries are located in the Town which is served by the Penn Central and Lehigh Railroad. Cazenovia and Buffalo Creek flow through West Seneca. The town's people represent both blue and white collar workers and residents are predominantly white.



COMMUNITY PROFILE

WEST SENECA

| POPULATION CHARACTERISTICS | | r | POPULATION CHARACTERISTICS | | r |
|---|--------|----|---|-------|----|
| Population 1970 _____ | 48,404 | 10 | % 65+ _____ | 6.57 | |
| % of County Total Population _____ | 4.35 | | % Under 15 _____ | 31.72 | 18 |
| 1985 Projected Population _____ | 66,955 | | % Under 5 _____ | 8.85 | 18 |
| Number Families _____ | 11,792 | | % Females 15 - 44 _____ | 20.90 | 8 |
| | | | % Black _____ | 0.31 | 20 |
| ECONOMIC INDICATORS | | | VITAL STATISTICS | | |
| % Persons Below Poverty _____ | 4.17 | 34 | Birth Rate/1000 Population _____ | 12.2 | 21 |
| % Families Below Poverty _____ | 3.17 | | Infant Mortality/1000 Live Births _____ | 11.7 | 5 |
| % Families Below Twice Poverty _____ | 15.04 | 33 | Incidence of Tuberculosis/1000 Pop. _____ | 8.0 | 32 |
| Median Family Income _____ | 11,750 | 10 | Death Rate Per 100,000 Population _____ | 74.6 | 34 |
| % Households Without Auto _____ | 6.19 | 13 | | | |
| RESOURCE & UTILIZATION INDICATORS | | | LEADING CAUSES OF DEATH PER 100,000 POP. | | |
| Primary Care Physicians/1000 Pop. _____ | 0.47 | 29 | Disease of Heart _____ | 33.1 | 26 |
| % p.c.p. M.D.'s Above 60 _____ | 8 | | Malignant Neoplasms (cancer) _____ | 16.7 | 24 |
| Emergency Room Visits/1000 Pop. _____ | 183 | 16 | Cerebral Vascular _____ | 8.5 | 29 |
| Emergency Rooms Most Frequented | | | Accidents _____ | 2.3 | 34 |
| South Buffalo Mercy | 113.4 | | Influenza & Pneumonia _____ | 2.1 | 25 |
| St. Joseph's Intercommunity | 26.3 | | Diabetes _____ | 1.0 | 40 |
| Our Lady of Victory | 18.2 | | Certain Causes Infant Mortality _____ | 1.9 | 12 |
| | | | Arterio-Sclerosis _____ | 1.9 | 21 |
| | | | Cirrhosis _____ | 1.2 | 31 |
| | | | Bronchitis, Emph., Asthma _____ | 0.2 | 39 |
| Index of Medical Underservice _____ | 82.5 | 37 | All Other Causes _____ | 5.8 | 37 |

APPENDIX - A Tables Relating to Maps

P.P.
% Age 65 = 11.23 - .03 Death Rate
per 100,000

3900

% Age 65 +

147

Death rate

Table A-1

INDEX OF MEDICALLY UNDERSERVED
ERIE CO.

| TRACT, RY NEIGHBORHOOD OR TOWN | TOTAL POP. | NO. OF P.C.P. W/ADDRESS ALLOCATION | RATIO P.C.P./ 1000 POP. | V45C | 5 YR. TOTAL OF INFANT DEATHS | 5 YR. TOTAL LIVE BIRTHS | 5 YR. AVG. INFANT MORT./1000 LIVE BIRTHS | % POV. | % 65+ | WIMU |
|--------------------------------------|---------------|---|----------------------------------|-------------|---------------------------------------|-------------------------------|---|-------------|-------------|-------------|
| 001:0 | 3344 | 0.0 | 0.00 | 4.9 | 7 | 299 | 23.4 | 7.4 | 7.6 | 59.9 |
| 002:0 | 7043 | 1.0 | .14 | 6.8 | 11 | 616 | 17.8 | 7.1 | 8.8 | 68.0 |
| 003:0 | 1200 | 0.0 | 0.00 | 4.9 | 5 | 136 | 36.8 | 24.6 | 9.4 | 38.8 |
| 005:0 | 7414 | 1.0 | .13 | 6.8 | 12 | 606 | 19.8 | 4.2 | 9.9 | 66.8 |
| 007:0 | 5403 | 2.0 | .37 | 12.0 | 7 | 332 | 21.1 | 2.9 | 13.6 | 69.9 |
| 008:0 | 7641 | 4.0 | .52 | 16.2 | 7 | 546 | 12.8 | 10.0 | 13.1 | 80.0 |
| 009:0 | 3480 | 1.0 | .28 | 9.8 | 4 | 302 | 13.2 | 4.6 | 14.3 | 74.5 |
| 010:0 | 9261 | 3.5 | .37 | 12.0 | 20 | 874 | 22.9 | 7.8 | 10.6 | 67.6 |
| 011:0 | 4773 | .5 | .10 | 6.0 | 6 | 384 | 15.6 | 9.9 | 10.1 | 67.9 |
| SOUTH BUFFALO | 49559 | 13.0 | .26 | 9.8 | 79 | 4095 | 19.3 | 7.3 | 10.9 | 68.7 |
| 004:0 | 1125 | 0.0 | 0.00 | 4.9 | 3 | 101 | 29.7 | 16.1 | 7.7 | 47.3 |
| 005:0 | 4446 | 1.0 | .22 | 8.6 | 7 | 362 | 19.3 | 15.7 | 9.1 | 63.2 |
| PERRY VALLEY | 5571 | 1.0 | .17 | 7.6 | 10 | 463 | 21.6 | 15.8 | 8.9 | 60.2 |
| 012:0 | 5464 | 1.0 | .18 | 7.6 | 18 | 498 | 36.1 | 28.9 | 12.3 | 37.8 |
| 013:1 | 207 | 0.0 | 0.00 | 4.9 | 1 | 38 | 26.3 | 26.9 | 23.6 | 30.8 |
| 013:2 | 2694 | 1.0 | .37 | 12.0 | 7 | 266 | 26.3 | 54.8 | 12.5 | 40.7 |
| 014:1 | 139 | 0.0 | 0.00 | 4.9 | 1 | 29 | 34.5 | 38.0 | 41.0 | 12.3 |
| 014:2 | 8727 | 1.5 | .17 | 7.6 | 30 | 879 | 34.1 | 35.8 | 8.7 | 36.2 |
| 015:0 | 8350 | .5 | .05 | 5.2 | 25 | 785 | 31.8 | 31.8 | 9.1 | 36.6 |
| 025:1 | 293 | 0.0 | 0.00 | 4.9 | 1 | 44 | 22.7 | 32.0 | 23.8 | 32.7 |
| 025:2 | 6863 | 1.0 | .14 | 6.8 | 13 | 580 | 22.4 | 35.8 | 12.6 | 44.8 |
| 026:0 | 3954 | 0.0 | 0.00 | 4.9 | 24 | 409 | 58.7 | 32.8 | 8.8 | 30.5 |
| 027:1 | 6625 | 3.5 | .52 | 16.2 | 19 | 600 | 31.7 | 20.7 | 13.0 | 54.0 |
| 031:0 | 11135 | 27.0 | 2.42 | 24.0 | 40 | 1132 | 35.3 | 31.9 | 8.4 | 54.1 |
| ELLICOTT | 54451 | 35.5 | .65 | 18.7 | 179 | 5260 | 34.0 | 32.5 | 10.5 | 47.9 |

Table A-1

INDEX OF MEDICALLY UNDERSERVED
ERIF CO.

| TRACT, RY NEIGHBORHOOD OR TOWN | TOTAL POP. | NO. OF P.C.P. W/ADDRESS ALLOCATION | RATIO P.C.P./ 1000 POP. | V45C | 5 YR. TOTAL OF INFANT DEATHS | TOTAL LIVE BIRTHS | 5 YR. AVE. INFANT MORT./1000 LIVE BIRTHS | % POV. | % 65+ | WIMU |
|--------------------------------------|---------------|---|----------------------------------|------|---------------------------------------|-------------------------|---|-----------|----------|------|
| 016:0 | 8121 | 4.0 | .49 | 14.7 | 9 | 569 | 15.8 | 16.0 | 15.1 | 71.3 |
| 023:0 | 4670 | 4.0 | .85 | 21.7 | 10 | 363 | 27.5 | 8.6 | 11.4 | 70.5 |
| 024:0 | 8160 | 2.5 | .30 | 9.8 | 13 | 586 | 22.2 | 7.9 | 11.4 | 65.2 |
| 027:2 | 7820 | 1.0 | .12 | 6.8 | 20 | 630 | 31.7 | 13.5 | 15.6 | 48.4 |
| 028:0 | 7589 | 3.5 | .46 | 14.7 | 8 | 568 | 14.1 | 12.2 | 13.5 | 74.7 |
| 029:0 | 6436 | 4.0 | .62 | 18.7 | 12 | 513 | 23.4 | 10.4 | 13.5 | 70.6 |
| 030:0 | 3805 | 1.0 | .26 | 9.8 | 5 | 293 | 17.1 | 6.1 | 13.8 | 70.0 |
| 035:0 | 6876 | 0.0 | 0.00 | 4.9 | 16 | 609 | 26.3 | 13.0 | 14.9 | 51.9 |
| 037:0 | 6473 | 1.0 | .15 | 6.8 | 6 | 432 | 13.9 | 8.5 | 17.1 | 65.4 |
| 038:0 | 3787 | 1.0 | .26 | 9.8 | 5 | 217 | 23.0 | 7.6 | 18.0 | 59.1 |
| 041:0 | 7979 | 1.0 | .12 | 6.8 | 8 | 591 | 13.5 | 11.6 | 16.7 | 66.1 |
| UPPER EAST SIDE | 71716 | 23.0 | .32 | 10.9 | 112 | 5371 | 20.8 | 11.0 | 14.6 | 66.0 |
| 017:0 | 3750 | 1.0 | .26 | 9.8 | 8 | 308 | 26.0 | 14.6 | 10.3 | 57.5 |
| 018:0 | 1986 | 0.0 | 0.00 | 4.9 | 6 | 214 | 28.0 | 11.7 | 9.5 | 51.9 |
| 019:0 | 4806 | 0.0 | 0.00 | 4.9 | 6 | 290 | 20.7 | 6.8 | 11.8 | 62.5 |
| 020:0 | 2386 | 0.0 | 0.00 | 4.9 | 3 | 219 | 13.7 | 10.1 | 10.5 | 67.6 |
| 021:0 | 1122 | 0.0 | 0.00 | 4.9 | 3 | 75 | 40.0 | 6.6 | 11.8 | 48.4 |
| 022:0 | 2951 | 1.0 | .33 | 10.9 | 4 | 230 | 17.4 | 9.2 | 9.7 | 71.0 |
| LOVEJOY | 17001 | 2.0 | .11 | 6.8 | 30 | 1336 | 22.4 | 9.9 | 10.7 | 61.5 |
| 032:1 | 2918 | 0.0 | 0.00 | 4.9 | 10 | 269 | 37.2 | 27.7 | 7.9 | 37.3 |
| 032:2 | 11620 | 0.0 | 0.00 | 4.9 | 50 | 1347 | 37.1 | 29.7 | 6.8 | 35.9 |
| 033:1 | 6378 | 2.0 | .31 | 10.9 | 15 | 469 | 32.0 | 14.6 | 11.9 | 52.7 |
| 033:2 | 9295 | 6.5 | .69 | 19.5 | 29 | 909 | 31.9 | 20.6 | 6.3 | 58.4 |
| 034:0 | 7173 | 0.0 | 0.00 | 4.9 | 15 | 675 | 22.2 | 18.8 | 8.7 | 53.9 |
| 035:0 | 10257 | 0.0 | 0.00 | 4.9 | 29 | 1061 | 27.3 | 19.5 | 9.6 | 48.0 |
| 052:2 | 4157 | 0.0 | 0.00 | 4.9 | 8 | 303 | 26.4 | 11.2 | 7.0 | 54.7 |
| COLD SPRING | 51798 | 8.5 | .16 | 7.6 | 156 | 5033 | 31.0 | 21.2 | 8.2 | 46.5 |

Table A-1

INDEX OF MEDICALLY UNDERSERVED
FRIE CO.

| TRACT BY NEIGHBORHOOD OR TOWN | TOTAL POP. | NO. OF P.C.P. W/ADDRESS ALLOCATION | RATIO P.C.P. 1000 POP. | VASC | 5 YR. TOTAL OF INFANT DEATHS | LIVE BIRTHS | 5 YR. AVG. INFANT MORT./1000 LIVE BIRTHS | % PDV. | % 65+ | WIMU |
|-------------------------------------|---------------|---|---------------------------------|------|------------------------------------|----------------|---|-----------|----------|------|
| 039:0 | 6142 | 3.0 | .48 | 14.7 | 11 | 450 | 24.4 | 11.4 | 14.4 | 65.3 |
| 040:0 | 9937 | 2.0 | .27 | 8.6 | 29 | 711 | 40.8 | 15.7 | 16.9 | 44.1 |
| 042:0 | 4654 | 0.0 | 0.00 | 4.9 | 4 | 279 | 14.3 | 8.1 | 20.5 | 58.1 |
| 043:0 | 7018 | 18.0 | 2.56 | 24.0 | 2 | 434 | 4.6 | 6.2 | 19.0 | 84.7 |
| 044:0 | 8394 | 4.0 | .47 | 14.7 | 5 | 611 | 8.2 | 16.4 | 16.8 | 73.0 |
| 045:1 | 4389 | 3.0 | .68 | 19.5 | 2 | 159 | 12.6 | 8.0 | 13.8 | 84.2 |
| 045:2 | 2608 | 0.0 | 0.00 | 4.9 | 1 | 79 | 12.6 | 48.1 | 12.5 | 48.0 |
| 047:0 | 7246 | 2.0 | .27 | 9.8 | 7 | 447 | 15.6 | 10.0 | 18.0 | 66.6 |
| UNIVERSITY/NORTHEAST | 49388 | 32.0 | .64 | 18.7 | 61 | 3170 | 19.2 | 11.5 | 16.9 | 72.3 |
| 045:0 | 7303 | 19.0 | 2.60 | 24.0 | 8 | 400 | 20.0 | 7.7 | 15.2 | 81.2 |
| 048:0 | 5395 | 6.0 | 1.11 | 23.7 | 3 | 317 | 9.5 | 3.7 | 15.1 | 91.2 |
| 049:0 | 9139 | 0.0 | 0.00 | 4.9 | 7 | 708 | 9.9 | 6.7 | 15.1 | 70.6 |
| 050:0 | 3326 | 0.0 | 0.00 | 4.9 | 5 | 234 | 21.4 | 7.8 | 15.0 | 60.8 |
| 051:0 | 5996 | 0.0 | 0.00 | 4.9 | 8 | 470 | 17.0 | 4.7 | 15.9 | 64.9 |
| 052:1 | 4731 | 3.0 | .63 | 18.7 | 9 | 340 | 26.5 | 13.8 | 14.4 | 65.7 |
| 053:0 | 1150 | 4.0 | 3.47 | 24.0 | 0 | 81 | 0.0 | 13.3 | 18.8 | 81.5 |
| 054:0 | 4791 | 1.0 | .20 | 7.6 | 2 | 245 | 8.2 | 6.1 | 21.1 | 64.4 |
| NORTH BUFFALO | 41831 | 33.0 | .78 | 21.3 | 42 | 2795 | 15.0 | 7.2 | 15.9 | 82.4 |
| 055:0 | 5506 | 2.0 | .36 | 12.0 | 13 | 491 | 26.5 | 10.9 | 12.3 | 60.7 |
| 056:0 | 5789 | 1.0 | .17 | 7.6 | 6 | 495 | 12.1 | 13.1 | 9.5 | 69.9 |
| 057:0 | 4028 | 1.0 | .24 | 8.6 | 5 | 258 | 19.4 | 14.9 | 13.9 | 62.4 |
| 058:0 | 10731 | 2.0 | .18 | 7.6 | 18 | 710 | 25.3 | 7.2 | 12.1 | 59.4 |
| 059:0 | 5011 | 2.5 | .49 | 14.7 | 11 | 450 | 24.4 | 11.0 | 12.6 | 65.7 |
| BLACK ROCK/SIDE | 31065 | 8.5 | .27 | 9.8 | 53 | 2404 | 22.0 | 10.6 | 12.0 | 63.3 |
| 060:0 | 7059 | 0.0 | 0.00 | 4.9 | 12 | 600 | 20.0 | 15.8 | 10.8 | 59.3 |
| 061:0 | 7428 | 4.0 | .53 | 15.2 | 17 | 624 | 27.2 | 14.3 | 11.9 | 61.4 |
| 062:1 | 1599 | 0.0 | 0.00 | 4.9 | 0 | 75 | 0.0 | 25.6 | 0.0 | 62.0 |
| 062:2 | 2409 | 0.0 | 0.00 | 4.9 | 0 | 37 | 0.0 | 11.2 | 33.6 | 50.9 |
| 063:1 | 6713 | 3.0 | .44 | 13.3 | 3 | 540 | 5.5 | 12.7 | 11.5 | 77.3 |
| 065:1 | 4267 | 2.5 | .58 | 17.6 | 5 | 284 | 17.6 | 10.9 | 12.9 | 76.1 |
| 066:1 | 3841 | 2.0 | .52 | 15.2 | 2 | 155 | 12.9 | 20.6 | 12.7 | 72.8 |
| 067:1 | 4846 | 5.5 | 1.13 | 23.7 | 7 | 227 | 30.8 | 20.9 | 18.0 | 57.1 |
| 069:0 | 13029 | 2.0 | .15 | 6.8 | 32 | 1127 | 28.4 | 16.5 | 11.8 | 49.6 |
| 070:0 | 5643 | 3.0 | .53 | 15.2 | 9 | 495 | 18.2 | 15.7 | 12.5 | 71.2 |
| UPPER WEST SIDE | 56834 | 22.0 | .38 | 12.0 | 87 | 4114 | 21.1 | 15.6 | 13.0 | 63.8 |

Table A-1

INDEX OF MEDICALLY UNDERSERVED
ERIE CO.

| TRACT BY NEIGHBORHOOD OR TOWN | TOTAL POP. | NO. OF P.C.P. W/ADDRESS ALLOCATION | RATIO P.C.P./ 1000 POP. | VASC | 5 YR. TOTAL OF INFANT DEATHS | LIVE BIRTHS | 5 YR. AVG. INFANT MORT./1000 LIVE BIRTHS | % POV. | % 65+ | WIMU |
|-------------------------------------|---------------|---|----------------------------------|------|------------------------------------|----------------|---|-----------|----------|------|
| 069:0 | 6072 | .5 | .08 | 5.0 | 8 | 395 | 20.2 | 27.7 | 20.4 | 41.5 |
| 071:1 | 7910 | 0.0 | 0.00 | 4.9 | 21 | 749 | 29.0 | 30.8 | 12.4 | 37.9 |
| 071:2 | 2459 | 1.0 | .40 | 12.0 | 10 | 356 | 28.1 | 33.9 | 16.1 | 41.1 |
| 072:1 | 1189 | 1.0 | .84 | 21.7 | 2 | 43 | 46.5 | 27.6 | 16.6 | 47.9 |
| 072:2 | 1042 | 0.0 | 0.00 | 4.9 | 2 | 43 | 46.5 | 8.9 | 30.6 | 26.7 |
| LOWER WEST SIDE | 18624 | 2.5 | .13 | 6.8 | 43 | 1586 | 27.1 | 28.7 | 16.8 | 39.2 |
| 063:2 | 3747 | 3.5 | .93 | 22.6 | 1 | 180 | 5.5 | 7.3 | 14.3 | 89.2 |
| 064:0 | 1048 | 8.3 | 7.91 | 24.0 | 2 | 91 | 22.0 | 17.2 | 10.4 | 75.0 |
| 065:2 | 4271 | 18.5 | 4.33 | 24.0 | 5 | 285 | 17.5 | 15.7 | 27.3 | 63.6 |
| 066:2 | 2445 | 7.0 | 2.86 | 24.0 | 3 | 234 | 12.8 | 7.9 | 31.2 | 69.8 |
| 067:2 | 3252 | 38.5 | 11.83 | 24.0 | 5 | 162 | 30.9 | 11.5 | 33.9 | 49.4 |
| DELAWARE | 14763 | 75.8 | 5.13 | 24.0 | 16 | 952 | 16.8 | 11.3 | 24.9 | 70.5 |
| 149:1 | 2651 | 1.0 | .37 | 12.0 | 3 | 156 | 19.2 | 5.7 | 7.7 | 72.4 |
| 149:2 | 7136 | 1.0 | .14 | 5.8 | 9 | 466 | 19.3 | 5.5 | 15.2 | 64.9 |
| ALDEN | 9787 | 2.0 | .20 | 7.6 | 12 | 622 | 19.3 | 5.6 | 13.2 | 66.8 |
| 089:0 | 6835 | 7.0 | 1.02 | 23.4 | 3 | 394 | 7.6 | 5.7 | 15.2 | 90.0 |
| 090:1 | 4130 | 0.0 | 0.00 | 4.9 | 4 | 269 | 14.9 | 5.5 | 5.3 | 70.3 |
| 090:2 | 7693 | 6.0 | .77 | 21.3 | 8 | 540 | 14.8 | 2.6 | 2.6 | 87.6 |
| 091:1 | 4326 | 1.0 | .23 | 8.6 | 4 | 295 | 13.5 | 3.5 | 3.8 | 75.7 |
| 091:2 | 3521 | .5 | .14 | 5.8 | 3 | 258 | 11.6 | 5.8 | 3.3 | 74.6 |
| 091:3 | 8385 | 3.0 | .35 | 10.9 | 7 | 589 | 11.9 | 2.5 | 4.3 | 79.6 |
| 091:4 | 5717 | 3.3 | .57 | 17.6 | 4 | 405 | 9.9 | 2.8 | 3.7 | 87.5 |
| 091:5 | 4337 | 1.5 | .34 | 10.9 | 4 | 295 | 13.5 | 3.5 | 3.5 | 78.0 |
| 092:0 | 5761 | 15.5 | 2.69 | 24.0 | 6 | 373 | 16.1 | 2.7 | 7.0 | 83.3 |
| 093:1 | 7159 | 6.0 | .83 | 21.7 | 7 | 414 | 16.9 | 11.8 | 10.2 | 81.6 |
| 093:2 | 3862 | 1.0 | .25 | 8.6 | 4 | 236 | 16.9 | 6.0 | 10.6 | 71.3 |
| 094:1 | 7135 | 7.5 | 1.05 | 23.4 | 4 | 320 | 12.5 | 5.0 | 11.2 | 89.4 |
| 094:2 | 5509 | 7.0 | 1.27 | 24.0 | 3 | 240 | 12.5 | 4.0 | 9.5 | 91.3 |
| 095:1 | 6957 | 4.5 | .64 | 18.7 | 6 | 389 | 15.4 | 7.4 | 13.9 | 80.9 |
| 095:2 | 8763 | 10.5 | 1.19 | 23.9 | 7 | 453 | 15.4 | 2.6 | 9.2 | 88.7 |
| 096:0 | 3829 | 5.3 | 1.38 | 24.0 | 5 | 165 | 30.3 | 9.4 | 14.7 | 69.1 |
| AMHERST | 93929 | 79.6 | .84 | 21.7 | 79 | 5635 | 14.0 | 4.9 | 8.2 | 86.8 |

INDEX OF MEDICALLY UNDERSERVED
FRIF CO.

Table A-1

| TRACTARY NEIGHBORHOOD OR TOWN | TOTAL POP. | NO. OF P.C.D. W/ADDRESS ALLOCATION | RATIO P.C.D./ 1000 POP. | V4SC | 5 YR. TOTAL OF INFANT DEATHS | 5 YR. TOTAL LIVE BIRTHS | 5 YR. AVG. INFANT MORT./1000 LIVE BIRTHS | % POV. | % 65+ | WIMU |
|-------------------------------------|---------------|---|----------------------------------|------|------------------------------------|----------------------------|---|-----------|----------|------|
| 138:0 | 7393 | 1.0 | .13 | 5.6 | 7 | 448 | 15.6 | 4.1 | 7.4 | 71.1 |
| 139:0 | 3266 | 6.5 | 1.99 | 24.0 | 8 | 254 | 31.5 | 3.8 | 10.9 | 72.3 |
| 140:0 | 3767 | 2.5 | .66 | 19.5 | 2 | 300 | 6.7 | 7.1 | 12.5 | 86.5 |
| AURORA | 14426 | 10.0 | .69 | 19.5 | 17 | 1002 | 17.0 | 4.8 | 9.5 | 82.4 |
| 152:1 | 2753 | 0.0 | 0.00 | 4.9 | 3 | 269 | 11.1 | 3.6 | 4.1 | 73.6 |
| 152:2 | 4405 | 0.0 | 0.00 | 4.9 | 2 | 180 | 11.1 | 4.2 | 6.1 | 72.7 |
| BOSTON | 7158 | 0.0 | 0.00 | 4.9 | 5 | 449 | 11.1 | 4.0 | 5.4 | 73.6 |
| 156:0 | 2672 | 0.0 | 0.00 | 4.9 | 5 | 174 | 28.7 | 10.8 | 7.2 | 52.3 |
| 162:0 | 1107 | 0.0 | 0.00 | 4.9 | 0 | 20 | 0.0 | 30.5 | 9.5 | 57.2 |
| BRANT | 3779 | 0.0 | 0.00 | 4.9 | 5 | 194 | 25.8 | 15.3 | 7.9 | 53.2 |
| 097:1 | 4279 | 0.0 | 0.00 | 4.9 | 4 | 331 | 12.1 | 5.1 | 2.1 | 71.8 |
| 097:2 | 7765 | 0.0 | 0.00 | 4.9 | 8 | 663 | 12.1 | 3.9 | 2.2 | 72.7 |
| 098:0 | 2347 | 1.0 | .42 | 13.3 | 3 | 206 | 14.6 | 6.3 | 9.4 | 77.3 |
| 099:0 | 5216 | 0.0 | 0.00 | 4.9 | 4 | 328 | 12.2 | 6.4 | 8.3 | 70.6 |
| 100:1 | 4937 | 3.0 | .60 | 17.6 | 5 | 328 | 15.2 | 4.6 | 4.1 | 82.0 |
| 100:2 | 11963 | 0.0 | 0.00 | 4.9 | 14 | 919 | 15.2 | 3.1 | 3.3 | 70.2 |
| 101:1 | 13170 | 7.0 | .53 | 16.2 | 15 | 862 | 17.4 | 4.1 | 6.6 | 78.6 |
| 101:2 | 5638 | 0.0 | 0.00 | 4.9 | 6 | 345 | 17.4 | 8.3 | 6.1 | 65.5 |
| 102:0 | 8592 | 8.5 | .98 | 23.0 | 4 | 486 | 8.2 | 3.7 | 18.5 | 85.5 |
| 103:0 | 1790 | 0.0 | 0.00 | 4.9 | 1 | 90 | 11.1 | 13.3 | 18.5 | 61.2 |
| 104:0 | 3087 | 1.0 | .32 | 10.9 | 4 | 219 | 18.3 | 6.4 | 13.7 | 70.2 |
| 105:0 | 3086 | 1.0 | .37 | 10.9 | 2 | 161 | 12.4 | 7.9 | 14.1 | 75.4 |
| 106:0 | 3958 | 4.0 | 1.01 | 23.4 | 1 | 223 | 4.5 | 5.4 | 7.1 | 92.3 |
| 107:0 | 4551 | 1.0 | .21 | 8.6 | 1 | 212 | 4.7 | 2.2 | 6.0 | 78.5 |
| 108:1 | 4695 | 0.0 | 0.00 | 4.9 | 9 | 629 | 14.3 | 3.7 | 4.7 | 71.2 |
| 108:2 | 12344 | 4.5 | .36 | 12.0 | 26 | 1917 | 14.3 | 2.7 | 1.5 | 78.3 |
| 109:1 | 4351 | 1.0 | .22 | 8.6 | 4 | 385 | 10.4 | 5.2 | 4.8 | 76.9 |
| 109:2 | 5422 | 2.0 | .36 | 17.0 | 4 | 385 | 10.4 | 2.7 | 4.4 | 81.2 |
| 110:0 | 3073 | 0.0 | 0.00 | 4.9 | 2 | 195 | 10.2 | 5.8 | 7.0 | 73.2 |
| 111:0 | 3579 | 0.0 | 0.00 | 4.9 | 4 | 165 | 24.2 | 2.4 | 4.1 | 60.7 |
| CHEEKTOWAGA | 113844 | 34.0 | .29 | 9.8 | 121 | 8949 | 13.5 | 4.4 | 6.4 | 76.0 |

Table A-1

INDEX OF MEDICALLY UNDERSERVED
FRIE CO.

| TRACT BY NEIGHBORHOOD OR TOWN | TOTAL POP. | NO. OF P.C.P. W/ADDRESS ALLOCATION | RATIO P.C.P./ 1000 POP. | V45C | 5 YR. TOTAL OF INFANT DEATHS | LIVE BIRTHS | 5 YR. AVG. INFANT MORT./1000 LIVE BIRTHS | % POV. | % 65+ | WIMU |
|-------------------------------------|---------------|---|----------------------------------|------|---------------------------------------|----------------|---|-----------|----------|------|
| 146:1 | 5686 | 2.0 | .35 | 10.9 | 3 | 256 | 11.7 | 2.2 | 6.7 | 79.6 |
| 146:2 | 4428 | 0.0 | 0.00 | 4.9 | 3 | 255 | 11.8 | 1.4 | 4.6 | 74.5 |
| 147:1 | 3021 | 0.0 | 0.00 | 4.9 | 2 | 110 | 18.2 | 6.7 | 6.9 | 65.5 |
| 147:2 | 5033 | 5.0 | .99 | 23.0 | 6 | 330 | 18.2 | 3.6 | 9.6 | 84.9 |
| CLARENCE | 18168 | 7.0 | .38 | 12.0 | 14 | 951 | 14.7 | 3.1 | 7.0 | 78.3 |
| 151:1 | 3020 | 0.0 | 0.00 | 4.9 | 2 | 229 | 8.7 | 4.3 | 7.2 | 73.8 |
| COLDEN | 3020 | 0.0 | 0.00 | 4.9 | 2 | 229 | 8.7 | 4.3 | 7.2 | 73.8 |
| 160:1 | 1012 | 0.0 | 0.00 | 4.9 | 2 | 106 | 18.9 | 12.7 | 13.6 | 61.0 |
| 160:2 | 3403 | 0.0 | 0.00 | 4.9 | 4 | 212 | 18.9 | 6.2 | 10.7 | 64.8 |
| 161:0 | 1985 | 0.0 | 0.00 | 4.9 | 0 | 0 | 0.0 | 0.0 | 50.4 | 56.0 |
| COLLINS | 6400 | 0.0 | 0.00 | 4.9 | 6 | 318 | 18.9 | 7.6 | 23.5 | 52.3 |
| 159:0 | 3223 | 0.0 | 0.00 | 4.9 | 9 | 235 | 38.3 | 5.1 | 6.5 | 50.5 |
| 159:0 | 4350 | 9.0 | 2.06 | 24.0 | 6 | 392 | 15.3 | 7.6 | 13.4 | 86.2 |
| CONCORD | 7573 | 9.0 | 1.18 | 23.9 | 15 | 627 | 23.9 | 6.5 | 10.5 | 78.3 |
| 153:1 | 4930 | 3.0 | .60 | 17.6 | 1 | 267 | 3.7 | 5.4 | 7.5 | 86.5 |
| 153:2 | 2714 | 0.0 | 0.00 | 4.9 | 1 | 266 | 3.8 | 3.6 | 7.5 | 74.7 |
| EDEN | 7644 | 3.0 | .39 | 12.0 | 2 | 533 | 3.8 | 4.7 | 7.5 | 80.9 |
| 141:1 | 4911 | .5 | .10 | 6.0 | 5 | 255 | 19.6 | 2.7 | 6.3 | 67.4 |
| 141:2 | 5100 | 0.0 | 0.00 | 4.9 | 6 | 312 | 19.2 | 7.0 | 7.1 | 64.4 |
| ELMA | 10011 | .5 | .04 | 5.2 | 11 | 567 | 19.4 | 5.0 | 6.7 | 65.7 |
| 154:0 | 5817 | 1.0 | .17 | 7.6 | 5 | 390 | 12.8 | 5.4 | 7.7 | 74.4 |
| 155:1 | 2676 | 2.0 | .74 | 20.3 | 3 | 245 | 12.2 | 11.9 | 7.8 | 84.3 |
| 155:2 | 6077 | 0.0 | 0.00 | 4.9 | 6 | 490 | 12.2 | 5.1 | 9.3 | 71.3 |
| EVANS | 14570 | 3.0 | .20 | 7.6 | 14 | 1125 | 12.4 | 6.5 | 8.4 | 73.3 |
| 077:1 | 5721 | 2.5 | .43 | 13.3 | 7 | 528 | 13.2 | 2.7 | 4.4 | 80.4 |
| 077:2 | 8256 | 4.5 | .54 | 16.2 | 8 | 603 | 13.3 | 5.1 | 4.3 | 82.4 |
| GRAND ISLAND | 13977 | 7.0 | .50 | 14.7 | 15 | 1131 | 13.3 | 4.1 | 4.3 | 80.9 |

INDEX OF MEDICALLY UNDERSERVED
ERIE CO.

Table A-1

| TRACT BY NEIGHBORHOOD OR TOWN | TOTAL POP. | NO. OF P.C.P. W/ADDRESS ALLOCATION | RATIO P.C.P./ 1000 POP. | VASC | 5 YR. TOTAL OF INFANT DEATHS | LIVE BIRTHS | 5 YR. AVG. INFANT MORT./1000 LIVE BIRTHS | % PDV. | % 65+ | WIMU |
|-------------------------------------|---------------|---|----------------------------------|-------------|------------------------------------|----------------|---|------------|------------|-------------|
| 129:0 | 3910 | 0.0 | 0.00 | 4.9 | 6 | 386 | 15.5 | 6.5 | 7.5 | 68.3 |
| 129:1 | 5997 | 0.0 | 0.00 | 4.9 | 9 | 458 | 19.6 | 6.1 | 4.4 | 64.5 |
| 129:2 | 1653 | 0.0 | 0.00 | 4.9 | 2 | 102 | 19.6 | 13.9 | 13.5 | 60.0 |
| 130:0 | 4720 | 0.0 | 0.00 | 4.9 | 3 | 409 | 7.3 | 6.7 | 7.5 | 72.9 |
| 131:1 | 6340 | 0.0 | 0.00 | 4.9 | 8 | 389 | 20.6 | 1.7 | 5.6 | 66.1 |
| 131:2 | 5610 | 1.0 | .17 | 7.6 | 7 | 341 | 20.5 | 3.0 | 5.8 | 67.9 |
| 132:1 | 4918 | 0.0 | 0.00 | 4.9 | 7 | 406 | 17.2 | 4.6 | 5.9 | 67.3 |
| 132:2 | 4281 | 6.5 | 1.51 | 24.0 | 6 | 348 | 17.2 | 3.3 | 7.9 | 87.2 |
| 133:0 | 4223 | 1.0 | .23 | 8.6 | 6 | 292 | 20.5 | 3.8 | 10.0 | 68.4 |
| 134:0 | 5992 | 8.0 | 1.33 | 24.0 | 12 | 348 | 34.5 | 4.0 | 10.7 | 71.2 |
| HAMBURG | 47644 | 16.5 | .34 | 10.9 | 66 | 3479 | 19.0 | 4.6 | 7.4 | 72.3 |
| 150:3 | 3140 | 0.0 | 0.00 | 4.9 | 6 | 257 | 23.3 | 8.3 | 8.7 | 58.8 |
| HOLLAND | 3140 | 0.0 | 0.00 | 4.9 | 6 | 257 | 23.3 | 8.3 | 8.7 | 58.8 |
| 121:0 | 2028 | 2.0 | .98 | 23.0 | 7 | 224 | 31.3 | 31.6 | 9.8 | 54.4 |
| 122:0 | 5011 | 0.0 | 0.00 | 4.9 | 15 | 499 | 30.1 | 13.6 | 7.0 | 49.7 |
| 123:0 | 4680 | 5.0 | 1.06 | 23.6 | 6 | 453 | 13.2 | 9.8 | 9.5 | 87.5 |
| 124:0 | 3468 | 0.0 | 0.00 | 4.9 | 6 | 371 | 16.2 | 6.7 | 8.1 | 67.1 |
| 125:1 | 7161 | 3.5 | .48 | 14.7 | 8 | 561 | 14.3 | 5.9 | 8.4 | 79.8 |
| 125:2 | 2988 | 0.0 | 0.00 | 4.9 | 3 | 211 | 14.2 | 6.4 | 2.9 | 69.4 |
| 126:0 | 3160 | 0.0 | 0.00 | 4.9 | 9 | 250 | 36.0 | 5.1 | 5.5 | 51.5 |
| 127:0 | 161 | 0.0 | 0.00 | 4.9 | 0 | 3 | 0.0 | 79.4 | 11.1 | 50.2 |
| LACKAWANNA | 28657 | 10.5 | .36 | 12.0 | 54 | 2572 | 21.0 | 9.8 | 7.5 | 69.5 |
| 142:1 | 5697 | 2.0 | .35 | 10.9 | 8 | 345 | 23.2 | 6.9 | 6.7 | 66.0 |
| 142:2 | 3806 | 0.0 | 0.00 | 4.9 | 5 | 216 | 23.1 | 7.0 | 8.7 | 59.7 |
| 143:0 | 7883 | 1.5 | .19 | 7.6 | 11 | 513 | 21.4 | 3.6 | 9.1 | 66.3 |
| 144:0 | 5482 | 2.5 | .45 | 13.3 | 10 | 479 | 20.9 | 6.7 | 10.1 | 71.1 |
| 145:1 | 4253 | 0.0 | 0.00 | 4.9 | 3 | 337 | 8.9 | 3.3 | 5.4 | 74.9 |
| 145:2 | 3513 | 3.5 | .99 | 23.0 | 3 | 337 | 8.9 | 13.2 | 9.8 | 87.4 |
| LANCASTER | 30634 | 9.5 | .31 | 10.9 | 40 | 2277 | 18.0 | 6.2 | 8.3 | 72.1 |
| 150:1 | 3250 | 0.0 | 0.00 | 4.9 | 6 | 256 | 23.4 | 5.9 | 7.5 | 60.8 |
| MARILLA | 3250 | 0.0 | 0.00 | 4.9 | 6 | 256 | 23.4 | 5.9 | 7.5 | 60.8 |

Table A-1

INDEX OF MEDICALLY UNDERSERVED
ERIE CO.

| TRACT BY NEIGHBORHOOD OR TOWN | TOTAL POP. | NO. OF P.C.P. W/ADDRESS ALLOCATION | RATIO P.C.P./ 1000 POP. | V45C | 5 YR. TOTAL OF INFANT DEATHS | LIVE BIRTHS | 5 YR. AVG. INFANT MORT./1000 LIVE BIRTHS | % POV. | % 65+ | WIMU |
|-------------------------------------|---------------|---|----------------------------------|------|---------------------------------------|----------------|---|-----------|----------|------|
| 148:1 | 2863 | 1.0 | .34 | 10.9 | 4 | 180 | 22.2 | 3.7 | 11.9 | 68.1 |
| 148:2 | 3475 | 0.0 | 0.00 | 4.9 | 5 | 230 | 21.7 | 8.6 | 10.1 | 60.7 |
| NEWSTEAD | 6338 | 1.0 | .15 | 5.8 | 9 | 410 | 21.9 | 6.4 | 10.9 | 63.5 |
| 157:0 | 4090 | 2.0 | .48 | 14.7 | 5 | 322 | 15.5 | 13.3 | 7.6 | 74.9 |
| NORTH COLLINS | 4090 | 2.0 | .48 | 14.7 | 5 | 322 | 15.5 | 13.3 | 7.6 | 74.9 |
| 135:0 | 7257 | 1.0 | .13 | 5.8 | 4 | 453 | 8.8 | 3.7 | 6.9 | 76.7 |
| 136:0 | 3732 | 4.0 | 1.07 | 23.6 | 5 | 197 | 25.4 | 1.8 | 10.3 | 78.5 |
| 137:1 | 6379 | 3.0 | .47 | 14.7 | 7 | 497 | 14.1 | 4.9 | 5.5 | 80.1 |
| 137:2 | 2610 | 1.0 | .32 | 12.0 | 2 | 142 | 14.1 | 4.3 | 9.4 | 76.9 |
| ORCHARD PARK | 19978 | 9.0 | .45 | 13.3 | 18 | 1289 | 14.0 | 3.8 | 7.4 | 80.3 |
| 151:2 | 2505 | 0.0 | 0.00 | 4.9 | 2 | 230 | 8.7 | 6.3 | 8.1 | 72.7 |
| SARDINIA | 2505 | 0.0 | 0.00 | 4.9 | 2 | 230 | 8.7 | 6.3 | 8.1 | 72.7 |
| 074:0 | 1062 | 0.0 | 0.00 | 4.9 | 1 | 73 | 13.7 | 1.8 | 7.1 | 72.8 |
| 075:0 | 1900 | 1.0 | .52 | 16.2 | 4 | 148 | 27.0 | 19.6 | 15.3 | 57.4 |
| 076:0 | 4865 | 0.0 | 0.00 | 4.9 | 2 | 257 | 7.8 | 3.1 | 5.4 | 74.8 |
| 077:0 | 6317 | 1.0 | .15 | 5.8 | 3 | 365 | 8.2 | 6.0 | 11.9 | 74.9 |
| 078:0 | 7754 | 1.0 | .12 | 5.8 | 7 | 495 | 14.1 | 8.0 | 7.2 | 71.2 |
| TONAWANDA CITY | 21898 | 3.0 | .13 | 5.8 | 17 | 1338 | 12.7 | 7.1 | 8.9 | 72.5 |

Table A-1

INDEX OF MEDICALLY UNDERSERVED
FRIF CO.

| TRACTORY NEIGHBORHOOD OR TOWN | TOTAL POP. | NO. OF P.C.D. W/ADDRESS ALLOCATION | RATIO P.C.D./ 1000 POP. | VASC | 5 YR. TOTAL OF INFANT DEATHS | LIVE BIRTHS | 5 YR. AVG. INFANT MORT./1000 LIVE BIRTHS | % PDV. | % 65+ | WINU |
|-------------------------------------|---------------|---|----------------------------------|------|------------------------------------|----------------|---|-----------|----------|------|
| 079:1 | 10249 | 3.0 | .29 | 9.8 | 5 | 450 | 11.1 | 1.7 | 3.5 | 79.4 |
| 079:2 | 10111 | 1.0 | .09 | 6.0 | 5 | 450 | 11.1 | 1.8 | 4.3 | 75.6 |
| 079:3 | 5694 | 3.0 | .52 | 16.2 | 3 | 270 | 11.1 | 2.9 | 3.9 | 94.9 |
| 079:4 | 5312 | 3.0 | .56 | 17.6 | 3 | 255 | 11.8 | 2.8 | 3.8 | 86.3 |
| 080:1 | 8559 | 6.5 | .75 | 20.3 | 10 | 509 | 19.6 | 3.1 | 4.5 | 81.7 |
| 080:2 | 7728 | 4.0 | .51 | 16.2 | 9 | 452 | 19.9 | 3.8 | 11.4 | 76.7 |
| 080:3 | 7494 | 5.0 | .66 | 19.5 | 9 | 453 | 19.9 | 4.1 | 9.7 | 79.5 |
| 081:1 | 7414 | 2.0 | .26 | 9.8 | 3 | 350 | 8.6 | 4.7 | 7.6 | 78.7 |
| 081:2 | 6231 | 11.0 | 1.76 | 24.0 | 2 | 234 | 8.5 | 3.7 | 15.7 | 91.5 |
| 082:1 | 3509 | 4.5 | 1.28 | 24.0 | 3 | 230 | 13.0 | 6.0 | 8.4 | 89.9 |
| 082:2 | 5320 | 3.5 | .65 | 18.7 | 4 | 306 | 13.1 | 5.3 | 12.6 | 83.8 |
| 083:0 | 4630 | 0.0 | 0.00 | 4.9 | 7 | 522 | 13.4 | 12.4 | 3.7 | 67.0 |
| 084:0 | 4051 | 1.0 | .24 | 8.6 | 5 | 289 | 17.3 | 4.5 | 5.5 | 71.0 |
| 085:0 | 3240 | 3.0 | .92 | 22.6 | 2 | 208 | 9.6 | 4.1 | 14.7 | 90.1 |
| 085:0 | 6074 | 11.0 | 1.81 | 24.0 | 7 | 371 | 18.9 | 4.9 | 16.2 | 81.4 |
| 087:0 | 6766 | 2.0 | .29 | 9.8 | 9 | 423 | 21.3 | 5.4 | 15.6 | 65.7 |
| 088:0 | 4900 | 0.0 | 0.00 | 4.9 | 6 | 365 | 16.4 | 4.2 | 10.4 | 67.6 |
| TCVAVANDA TOWN | 107282 | 63.5 | .59 | 17.6 | 92 | 6137 | 15.0 | 4.1 | 8.5 | 82.7 |
| 150:2 | 2617 | 0.0 | 0.00 | 4.9 | 6 | 256 | 23.4 | 10.7 | 7.2 | 58.0 |
| WALES | 2617 | 0.0 | 0.00 | 4.9 | 6 | 256 | 23.4 | 10.7 | 7.2 | 58.0 |
| 112:0 | 4997 | 0.0 | 0.00 | 4.9 | 4 | 369 | 10.8 | 5.0 | 7.4 | 73.1 |
| 113:0 | 5484 | 3.0 | .54 | 16.2 | 4 | 431 | 9.3 | 5.0 | 6.4 | 85.2 |
| 114:0 | 3103 | 0.0 | 0.00 | 4.9 | 5 | 306 | 16.3 | 7.0 | 10.6 | 66.7 |
| 115:0 | 1792 | 0.0 | 0.00 | 4.9 | 1 | 129 | 7.8 | 3.8 | 8.1 | 74.5 |
| 116:0 | 2453 | 6.5 | 2.64 | 24.0 | 1 | 141 | 7.1 | 3.8 | 5.9 | 93.9 |
| 117:0 | 5141 | 3.5 | .68 | 19.5 | 6 | 434 | 13.8 | 5.0 | 8.6 | 85.4 |
| 118:0 | 4151 | 5.0 | 1.20 | 23.9 | 0 | 323 | 0.0 | 5.2 | 6.4 | 92.9 |
| 119:0 | 7289 | 3.0 | .41 | 13.3 | 8 | 448 | 17.8 | 2.2 | 5.5 | 76.6 |
| 120:1 | 6088 | 0.0 | 0.00 | 4.9 | 6 | 466 | 12.9 | 4.1 | 4.6 | 71.8 |
| 120:2 | 7906 | 2.0 | .25 | 8.6 | 6 | 467 | 12.8 | 3.1 | 5.4 | 76.4 |
| WEST SENECA | 48404 | 23.0 | .47 | 14.7 | 41 | 3514 | 11.7 | 4.3 | 6.5 | 82.5 |
| TOTAL | 1113384 | 549.9 | .49 | 14.7 | 1548 | 81198 | 19.1 | 9.3 | 10.1 | 72.7 |

Table A - 2

1970 POULATION, DENSITY and HOUSEHOLDS WITHOUT AUTOS

| Neighborhood/ Town | Population | Area (sq. mi.) | Density (persons/mi.) | % Households Without Auto |
|-----------------------|------------|-------------------|--------------------------|------------------------------|
| SOUTH BUFF | 49592 | 6.81 | 7277 | 18.75 |
| PERRY VALL | 5536 | 2.45 | 2255 | 34.52 |
| ELLICOTT | 54451 | 3.73 | 14597 | 61.98 |
| UPPER EAST | 71716 | 5.02 | 14286 | 33.15 |
| LOVEJOY | 17001 | 2.79 | 6094 | 32.24 |
| COLD SPRIN | 51798 | 2.76 | 18767 | 40.40 |
| UNIVERSITY | 49332 | 4.12 | 11987 | 23.26 |
| NORTH BUFF | 42007 | 4.47 | 9400 | 17.79 |
| BLACK/RIVE | 30934 | 3.06 | 10119 | 26.81 |
| UPPER WEST | 55750 | 3.25 | 17487 | 33.96 |
| LOWER WEST | 18668 | 1.62 | 11533 | 60.66 |
| DELAWARE | 14870 | 1.42 | 10470 | 30.88 |
| ALDEN | 9787 | 37.43 | 261 | 5.04 |
| AMHERST | 93929 | 53.75 | 1748 | 4.42 |
| AURORA | 14426 | 35.47 | 407 | 7.58 |
| BOSTON | 7158 | 36.28 | 197 | 2.53 |
| BRANT | 3779 | 34.58 | 109 | 12.14 |
| CHEEKTOWAG | 113844 | 30.80 | 3696 | 7.86 |
| CLARENCE | 18168 | 53.54 | 339 | 3.59 |
| COLDEN | 3020 | 36.06 | 84 | 10.80 |
| COLLINS | 6400 | 48.37 | 132 | 11.41 |
| CONCORD | 7573 | 74.83 | 101 | 10.79 |
| EDEN | 7644 | 39.85 | 192 | 4.34 |
| ELMA | 10011 | 3.47 | 2887 | 5.77 |
| EVANS | 14570 | 42.92 | 339 | 8.93 |
| GRAND ISLA | 13977 | 27.87 | 502 | 1.92 |
| HAMBURG | 47644 | 41.57 | 1146 | 6.98 |
| HOLLAND | 3140 | 35.99 | 87 | 5.47 |
| LACKAWANNA | 28657 | 5.73 | 5001 | 24.50 |
| LANCASTER | 30634 | 38.07 | 805 | 10.55 |
| MARILLA | 3250 | 27.47 | 118 | 5.65 |
| NEWSTEAD | 6338 | 54.15 | 117 | 10.92 |
| NORTH COLL | 4090 | 43.23 | 95 | 9.38 |
| OPCHARD PA | 19978 | 38.54 | 518 | 5.04 |
| SARDINIA | 2505 | 51.02 | 49 | 4.83 |
| TONAWANDA | 21898 | 3.67 | 5967 | 11.94 |
| TONAWANDA | 107282 | 17.76 | 6041 | 5.92 |
| WALES | 2617 | 35.51 | 74 | 12.10 |
| WEST SENECA | 48389 | 20.92 | 2313 | 6.19 |

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[illegible]

Table A - 3
EMERGENCY ROOM VISITS PER 1,000 POPULATION BY NEIGHBORHOOD, CITY AND TOWN AND BY HOSPITAL
(ERIE COUNTY)*

| Neighborhood City or Town | BER | COL | BGH | CHL | DEC | SHE | EMR | KEN | LAF | SBM | EJM | MIF | OLV | SOC | BSF | JOS | ROS | VAF | Aggregate Utilization Rate |
|--|------|------|-------|-------|-------|-----|-------|-------|------|-------|-------|-------|-------|-------|-----|-------|-----|------|----------------------------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | |
| Lackawanna | .5 | .9 | 8.2 | 4.1 | 1.4 | 0.0 | 1.8 | 1.4 | 0.0 | 57.2 | 21.8 | .9 | 198.7 | .9 | 0.0 | 5.4 | 0.0 | 1.4 | 304.4 |
| Lancaster | 0.0 | .4 | 3.5 | .9 | 1.7 | 0.0 | .9 | 3.0 | .9 | 7.8 | 19.0 | 3.5 | 1.7 | 6.9 | 0.0 | 186.6 | 0.0 | 1.7 | 238.5 |
| Marilla | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 24.0 | 0.0 | 0.0 | 24.0 |
| Newstead | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| North Collins | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 12.7 | 0.0 | 0.0 | 12.7 |
| Orchard Park | 1.3 | 1.3 | 7.8 | 2.0 | 2.0 | 0.0 | 2.0 | 1.3 | 0.0 | 60.5 | 2.6 | 3.9 | 20.8 | 0.0 | 0.0 | 7.8 | 0.0 | 0.0 | 113.2 |
| Sardinia | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Tona. City | 0.0 | .6 | 5.9 | 1.2 | 0.0 | 0.0 | 2.4 | 55.8 | 0.0 | 1.8 | 4.7 | 9.5 | 0.0 | 1.2 | 0.0 | 1.2 | 0.0 | 0.0 | 84.3 |
| Tona. Town | 0.0 | 1.1 | 8.7 | 1.7 | 1.3 | .2 | .5 | 117.2 | 1.0 | 1.5 | 11.6 | 9.9 | .7 | 5.3 | 0.0 | 3.4 | 0.0 | 1.0 | 165.2 |
| Wales | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| West Seneca | .8 | .3 | 4.3 | 2.9 | 1.9 | 0.0 | 2.4 | 2.4 | 0.0 | 113.4 | 6.4 | 1.6 | 18.2 | 2.1 | 0.0 | 26.3 | 0.0 | .5 | 193.6 |
| TOTAL | .2 | 7.1 | 17.8 | 12.4 | 23.0 | .1 | 9.4 | 23.5 | 1.4 | 25.2 | 39.6 | 17.0 | 13.8 | 18.6 | 0.0 | 46.7 | 0.0 | 1.1 | 257.0 |
| Sample Size | 15 | 608 | 763 | 1066 | 1970 | 5 | 803 | 2014 | 121 | 719 | 848 | 730 | 591 | 798 | -- | 4001 | -- | 95 | 22012 |
| Projected No. Annual ER visits based on sampling | 195 | 7904 | 19838 | 13858 | 25610 | 65 | 10439 | 26182 | 1573 | 28041 | 44104 | 18980 | 15366 | 20748 | -- | 52013 | -- | 1235 | 286151 |
| 1971-72 Average Reported No. ER visits | 5672 | 8133 | 29291 | 37928 | 44267 | 150 | 14402 | 32904 | 2279 | 34334 | 50360 | 21791 | 20468 | 24907 | 267 | 53110 | -- | 390 | 380653 |
| % Difference between 97 projected & reported ** | | 3 | 32 | 63 | 42 | 57 | 28 | 20 | 31 | 18 | 12 | 13 | 25 | 17 | -- | 2 | -- | 217 | 25 |

*Source: Data is a sample of emergency room patients during four different weekly periods in 1971 and 1972 was obtained through the cooperation of area hospitals and from Geoffrey Gibson, "Hospital Emergency Facilities and Emergency Department Patients in Erie County New York."

**These differences could result from several sources: 1) patients from outside of Erie County; 2) sampling error; 3) errors in reporting number of emergency room visits; and/or 4) inadequate sampling and data collection techniques.

APPENDIX - B**CHPC/WNY Use of Index of Medical Underservice**

APPENDIX B

THE "INDEX OF MEDICAL UNDERSERVICE"

AS APPLIED BY THE

COMPREHENSIVE HEALTH PLANNING COUNCIL
OF WESTERN NEW YORK, INC.*

The determination of medically underserved areas and population groups is a problem that has been dealt with only infrequently and subjectively for the primary care portion of the health system. The growing importance of the problem and especially of analytic approaches to it, has been underscored by several pieces of recent legislation. More specifically three federal laws passed in the 1970's have tried to channel increased resources into primary care and have placed priority on areas that could be termed underserved: The "National Health Planning and Resources Development Act of 1974" (PL 93-641 NHPRD), "The Emergency Health Manpower Act of 1971" (PL 91-623 National Health Service Corps, NHSC), and the "Health Maintenance Organization Act of 1973" (PL 93-222 HMO).

The NHPRD Act states that the number one "National Health Priority" is "the provision of primary care services for medically underserved populations, especially those which are located in rural or economically depressed areas." Furthermore, it established that planning "...goals, to the maximum extent practicable, shall be expressed in quantitative terms."

Both the NHSC and HMO Acts required that criteria be developed in order to designate medically underserved areas. It is these criteria that led to formulation of the HMO "Index of Medical Underservice" (IMU) which, as far as is known, is being applied for the first time nationally to areawide primary care planning by the Comprehensive Health Planning Council of Western New York (CHPC/WNY). These new laws also have provided guidance for dealing with questions of the appropriate size for designations of a geographic area. Separate sections below address the (1) IMU components, (2) data requirements for calculating the IMU, and (3) special considerations in applying the IMU to areawide primary care planning.

* An expanded, more technical review of the Appendix is available from CHPC/WNY.

IMU Components

The NHSC Act's criteria for medical underservice were a combination of "primary care physician to population" ratios for a service area and a county. The HMO Act required development of an index which currently (January, 1975) combines four quantities into one number. The four quantities which are weighted and added to form the index of medical underservice are:

1. percent persons below poverty level,
2. percent population 65 and older,
3. infant mortality rate, and
4. ratio of primary care physicians (pcp's) per 1000 population.

The closer the resulting index value is to one hundred, the better served is the area under consideration. For some purposes (e.g. the first awards of HMO grants) an area with an index of less than 65 is considered underserved. The different weights for each measure (V_1 , V_2 , V_3 , V_4 , respectively) as determined by a panel of national health experts are shown in Appendix table B-1. It should be noted that none of the weightings can be expressed as a simple linear function, i.e., $y=ax+b$.

It should also be noted that the wisdom of combining such unlike quantities into one measure can be challenged. The first two measures are socio-economic variables which are positively associated with need for health care, i.e. the higher the percentage the greater the need for health care services. The third variable, the multi-year average of infant deaths (between birth and age one-year) divided by live births for the same period, is an outcome or health status measure. Again this is basically a measure which is positively associated with need for medical care. The fourth variable, however, the number of primary care physicians divided by population and multiplied by 1000 is a supply measure and is assumed to be negatively related to health care. (1)

While some may justly question use of such a measure on theoretical grounds, we are of the belief that tests of any health index must include at least two pragmatic considerations. First, data upon which to calculate the index must be available or obtainable with only moderate resource expenditure. Second, the index should yield results which conform to expectations of people knowledgeable in the area, i.e. do the areas indicated to be medically underserved conform to observations of local consumers and providers. Most indices which satisfy theoretical rigor cannot meet the first criterion. As is discussed in more detail below the IMU can satisfy both criteria.

(1) For further information see report of June 6, 1974 submitted to Honorable Carl Albert by Caspar W. Weinberger pursuant to Section 5 of PL 93-222. The report contains the arguments for using an index as supported by a panel of experts, as well as for a discussion of further studies being carried out by the U.S. Department of Health, Education and Welfare.

APPENDIX B TABLE 1

"V - SCORES"

TABLE 1 - PERCENTAGE OF POPULATION BELOW
POVERTY LEVEL

In the left hand column find the range which includes the percentage of population below poverty level for the underserved area calculated in accord with item 2a of the guidelines under 110.203(g).^{*} The corresponding weighted value, found opposite in the right hand column, should be used in the formula for determining the index for medical underservice, described in 110.203(g).^{*}

| % Below Poverty | Weighted Value V ₁ |
|-----------------|-------------------------------|
| 0 | 25.1 |
| .1 - 2.0 | 24.6 |
| 2.1 - 4.0 | 23.7 |
| 4.1 - 6.0 | 22.8 |
| 6.1 - 8.0 | 21.9 |
| 8.1 - 10.0 | 21.0 |
| 10.1 - 12.0 | 20.0 |
| 12.1 - 14.0 | 18.7 |
| 14.1 - 16.0 | 17.4 |
| 16.1 - 18.0 | 16.2 |
| 18.1 - 20.0 | 14.9 |
| 20.1 - 22.0 | 13.6 |
| 22.1 - 24.0 | 12.3 |
| 24.1 - 26.0 | 10.9 |
| 26.1 - 28.0 | 9.3 |
| 28.1 - 30.0 | 7.8 |
| 30.1 - 32.0 | 6.6 |
| 32.1 - 34.0 | 5.7 |
| 34.1 - 36.0 | 4.7 |
| 36.1 - 38.0 | 3.4 |
| 38.1 - 40.0 | 2.1 |
| 40.1 - 42.0 | 1.3 |
| 42.1 - 44.0 | 1.0 |
| 44.1 - 46.0 | .7 |
| 46.1 - 48.0 | .4 |
| 48.1 - 50.0 | .1 |
| 50+ | 0 |

^{*} US HEW - Proposed Regulations and Interim Program Guidelines for Health Maintenance Organizations under Title XIII, Public Health Services Act - May 1974

TABLE 2 - PERCENTAGE OF POPULATION AGED 65 AND OVER

In the left hand column find the range which includes the percentage of population aged 65 and over for the underserved area calculated in accord with item 3a of the guidelines under 110.203(g).^{*} The corresponding weighted value, found opposite in the right hand column, should be used in the formula for determining the index for medical underservice, described in 110.203(g).^{*}

| % Aged 65 and Over | Weighted Value V ₂ |
|--------------------|-------------------------------|
| 0 - 7.0 | 20.2 |
| 7.1 - 8.0 | 20.1 |
| 8.1 - 9.0 | 19.9 |
| 9.1 - 10.0 | 19.7 |
| 10.1 - 11.0 | 19.5 |
| 11.1 - 12.0 | 19.3 |
| 12.1 - 13.0 | 19.1 |
| 13.1 - 14.0 | 18.9 |
| 14.1 - 15.0 | 18.7 |
| 15.1 - 16.0 | 17.8 |
| 16.1 - 17.0 | 16.1 |
| 17.1 - 18.0 | 14.4 |
| 18.1 - 19.0 | 12.8 |
| 19.1 - 20.0 | 11.1 |
| 20.1 - 21.0 | 9.8 |
| 21.1 - 22.0 | 8.9 |
| 22.1 - 23.0 | 8.0 |
| 23.1 - 24.0 | 7.0 |
| 24.1 - 25.0 | 6.1 |
| 25.1 - 26.0 | 5.1 |
| 26.1 - 27.0 | 4.0 |
| 27.1 - 28.0 | 2.8 |
| 28.1 - 29.0 | 1.7 |
| 29.1 - 30.0 | .6 |
| 30+ | 0 |

^{*} op. cit.

TABLE 3 - INFANT MORTALITY RATE

In the left hand column find the range which includes the infant mortality rate for the underserved area calculated in accord with item 4a of the guidelines under 110.203(g).^{*} The corresponding weighted value, found opposite in the right hand column, should be used in the formula for determining the index for medical underservice, described in 110.203(g).^{*}

| Infant Mortality Rate | Weighted Value V ₃ |
|-----------------------|-------------------------------|
| 0 - 10 | 26.0 |
| 10.1 - 11.0 | 25.3 |
| 11.1 - 12.0 | 24.8 |
| 12.1 - 13.0 | 23.9 |
| 13.1 - 14.0 | 23.2 |
| 14.1 - 15.0 | 22.4 |
| 15.1 - 16.0 | 21.4 |
| 16.1 - 17.0 | 20.4 |
| 17.1 - 18.0 | 19.4 |
| 18.1 - 19.0 | 18.5 |
| 19.1 - 20.0 | 17.5 |
| 20.1 - 21.0 | 16.4 |
| 21.1 - 22.0 | 15.3 |
| 22.1 - 23.0 | 14.2 |
| 23.1 - 24.0 | 13.0 |
| 24.1 - 25.0 | 11.9 |
| 25.1 - 26.0 | 10.8 |
| 26.1 - 27.0 | 9.6 |
| 27.1 - 28.0 | 8.5 |
| 28.1 - 29.0 | 7.3 |
| 29.1 - 30.0 | 6.1 |
| 30.1 - 31.0 | 5.4 |
| 31.1 - 32.0 | 5.1 |
| 32.1 - 33.0 | 4.7 |
| 33.1 - 34.0 | 4.3 |
| 34.1 - 35.0 | 4.0 |
| 35.1 - 36.0 | 3.6 |
| 36.1 - 37.0 | 3.3 |
| 37.1 - 38.0 | 3.0 |
| 38.1 - 39.0 | 2.6 |
| 39.1 - 40.0 | 2.3 |
| 40.1 - 41.0 | 2.0 |
| 41.1 - 42.0 | 1.8 |
| 42.1 - 43.0 | 1.6 |
| 43.1 - 44.0 | 1.4 |
| 44.1 - 45.0 | 1.2 |
| 45.1 - 46.0 | 1.0 |
| 46.1 - 47.0 | .8 |
| 47.1 - 48.0 | .6 |
| 48.1 - 49.0 | .3 |
| 49.1 - 50.0 | .1 |
| 50+ | 0 |

^{*} op. cit.

TABLE 4 - PRIMARY CARE PHYSICIANS PER 1000 POPULATION

In the left hand column find the range which includes the number of primary care physicians ** per 1000 population for the service area. Calculated in accord with item 5a of the guidelines under 110.203(g).^{*} The corresponding weighted value, found opposite in the right hand column, should be used in the formula for determining the index for medical underservice, described in 110.203(g).^{*}

| Primary Care Physicians per 1000 Population | Weighted Value V ₄ |
|--|-------------------------------|
| 0 | 0 |
| .01 - .05 | .5 |
| .06 - .10 | 1.6 |
| .11 - .15 | 2.8 |
| .16 - .20 | 4.1 |
| .21 - .25 | 5.6 |
| .26 - .30 | 7.3 |
| .31 - .35 | 9.0 |
| .36 - .40 | 10.7 |
| .41 - .45 | 12.6 |
| .46 - .50 | 14.7 |
| .51 - .55 | 16.9 |
| .56 - .60 | 19.0 |
| .61 - .65 | 20.7 |
| .66 - .70 | 21.9 |
| .71 - .75 | 23.1 |
| .76 - .80 | 24.6 |
| .81 - .85 | 25.1 |
| .86 - .90 | 25.9 |
| .91 - .95 | 26.6 |
| .96 - 1.00 | 27.2 |
| 1.01 - 1.05 | 27.7 |
| 1.06 - 1.10 | 28.0 |
| 1.11 - 1.15 | 28.2 |
| 1.16 - 1.20 | 28.5 |
| 1.21 and over | 28.7 |

^{*} op. cit.

^{**} Primary care physicians are defined to include the total number of active (i.e. 20 hrs. per week or more) Doctors of Medicine (M.D.) and Doctors of Osteopathy (D.O.) engaged in direct patient care in the fields of general or family practice, internal medicine, pediatrics, obstetrics and gynecology, or general surgery (i.e. the activity in which the physician spends the greatest portion of his professional time is one of the above), in an office-based practice (including solo, partnership and group practices) or in a facility-based practice open to outpatient use. Non-military Federal physicians, and hospital interns and residents in the above definitions are to be included.

In fact CHPC/WNY has calculated the IMU at several levels of aggregation for seven Western New York Counties (total population 1.7 million) with special attention to Erie County, the largest of the seven, having a population of 1.1 million.

Data Requirements

Like most other data needs of regional planning agencies, there is a great scarcity of small area (census tract) data about health status/outcomes or utilization. The household interview is prohibitively costly, especially if attempted on a longitudinal basis. Patient origin studies can be done for institutional care, outpatient and emergency, as well as inpatient. But access to private practitioner records, even if kept up to date, is extremely difficult.⁽²⁾ And private practitioners furnish over 85% of all primary care in the Western New York area.

Each of the four indicators in the HMO index is available, at least theoretically, on a census tract or smaller basis. The first two are direct census items; infant deaths come from Health Department records. The number of primary care physicians is a great deal more difficult in an urban county with one and one-half thousand physicians. It is, obviously, not possible for any one person to know all these physicians such as is possible in a rural area, like Wyoming County in Western New York with 35 physicians. Developing the primary care physician list, therefore, presented a challenge and is discussed in more detail in the next section.

Census and infant mortality data also present problems, however. Census data in most cases is only collected every ten years and does not become available for a year or more after it is collected. Currently census population data is five years old and three of the four IMU indicators rely on this data; viz; PCP's per 1000 population, percent below poverty and percent 65 or older. The problem with infant mortality data at a small area level is that fluctuations of several deaths from year to year may cause violent swings in the rate. To help overcome this, five years of data for 1969-73 were averaged to give an average annual infant death rate per 1000 live births.

Primary Care Physicians

To construct a list of primary care physicians, the American Medical Directory was used as the base input source since this directory not only lists physicians by address and specialty, but also by whether their practice involves direct patient care.⁽³⁾ The January 19, 1975 HMO Index of Medical Underservice definition of primary care physician was used: general practice, family practice, internal medicine, pediatrics, obstetrics/gynecology and osteopathy. Any physician giving one of the above as his first specialty was included in the list.

⁽²⁾ The Boston Ambulatory Care Study by Abt Associates, 1974, which attempted to show patient origin for users of private physicians, had a very low response rate of 16% (pg.15).

⁽³⁾ Code 020 in American Medical Directory, American Medical Association, Chicago, 1974.

The physicians' addresses at place of practice were determined from the telephone book and a registration list. A computerized address coding program was used to assign physicians to census tracts and to multiple practice addresses. If a physician had two places of practice one-half was allocated to the one address and half to the other. Three-address practices were dealt with similarly.

As noted in the text the inclusion of physicians at their place of practice is misleading in that it ascribes the use of services to a census tract or district when a significant proportion of the consumer population may be from a different tract or district. For this reason, the district level of aggregation (E - maps showing neighborhoods for Buffalo, the cities of Lackawanna and Tonawanda and towns) gives a more accurate feel for supply of physician services since it can be assumed that cross-district movements are not large. However, this assumption needs validation by undertaking private primary care patient origin studies.

Modified Index of Medical Underservice Including Facility Based Outpatient and Emergency Care

In order to complete a description of primary care resources institutional programs must be considered. A preliminary attempt will be made to incorporate facility based care into the Index of Medical Underservice.

Figure E-9, the Modified IMU map, adds physician equivalents to the private practice primary care physician count found in the IMU (Table E-3) and displays a recalculated IMU. The physician equivalents are derived from the number of visits made to hospitals' outpatient departments (general medicine, ob/gyn and pediatrics only) and emergency rooms. The Health Department's Health Centers being fee standing institutions with a known number of primary care physicians were incorporated in the unmodified IMU.

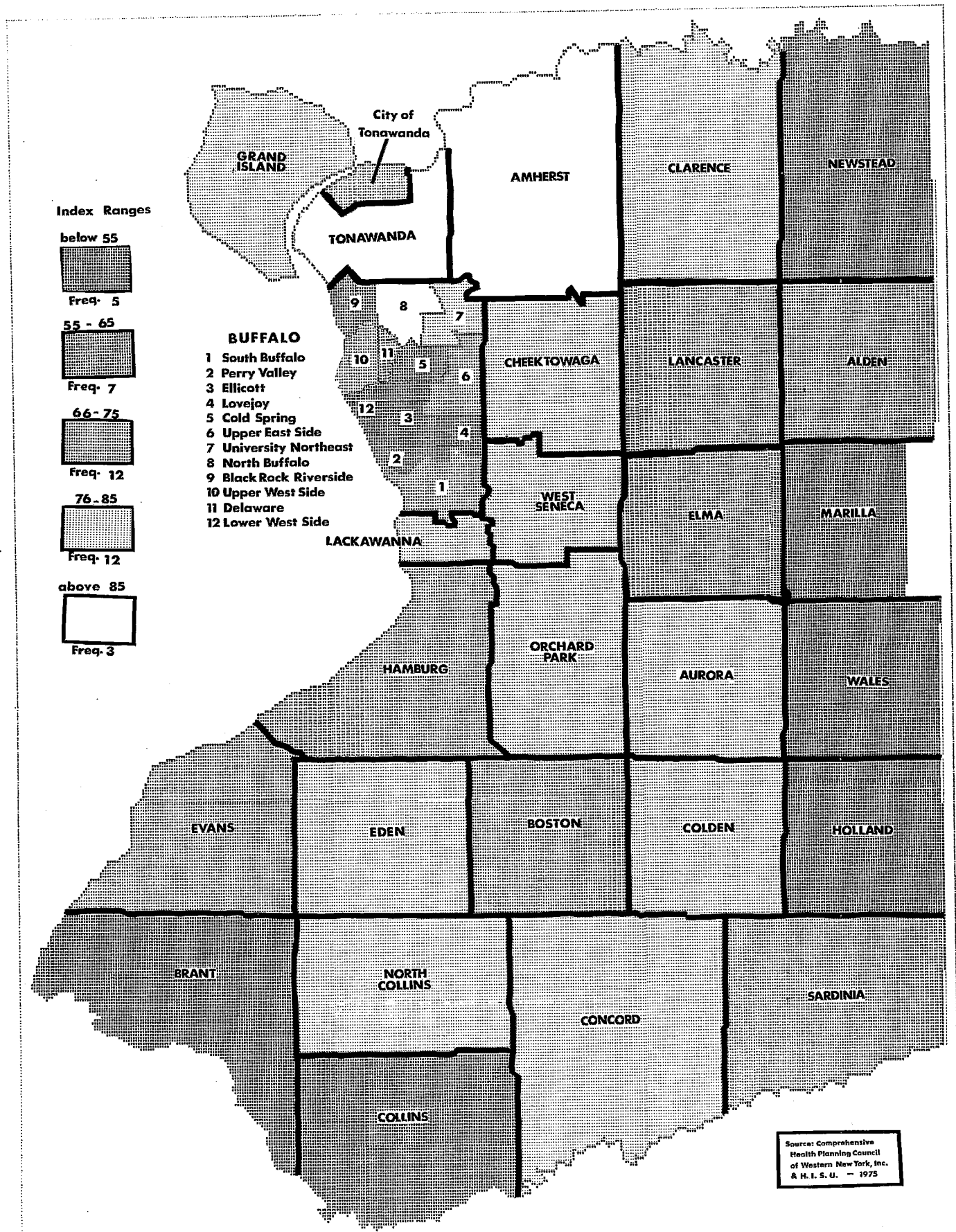
For inclusion in the Modified IMU all hospital outpatient visits were divided by 7,156, the estimated average annual PCP patient visits per year in Western New York, and all emergency room visits were divided by 4,634. The 7,156 PCP annual visit figure for Western New York uses AMA national visit data for each PCP specialty weighted by the number of each specialty in Western New York. The 4,534 is based upon a census of staffing patterns for emergency rooms in Erie County. These two figures were divided into the reported 1973 outpatient department visits and the 1972 emergency room visits for each hospital to obtain physician equivalents. These PCP equivalents were added to private PCP's and the IMU recalculated to yield what we have called "The Modified IMU." (These calculations are shown in Appendix B - Table 2).

Serious difficulties are apparent with the method employed for constructing the Modified IMU. One is the arithmetic process used for deriving physician equivalents is somewhat arbitrary. A second and more fundamental problem is the inclusion of 100 percent of emergency room visits. Clearly, not all of these are primary care as the term is used in this study. However, it is also clear that separating out either one across-the-board percentage or a particular percentage for each hospital can be challenged as largely arbitrary. Does hospital "X" with 50,000 emergency room visits have 75% true emergencies while hospital "Y" with the same number of visits have only 50%? Likewise ascribing 50% to both is largely without foundation. Also, underneath this process of professional prescription, there lies the consumer question of "Shouldn't a potential patient be able to choose the time of service as well as location, and isn't it the institution's obligation to organize itself to deal responsively?"

FIGURE E- 9

**MODIFIED INDEX OF MEDICAL UNDERSERVICE INCLUDING
FACILITY BASED OUTPATIENT AND EMERGENCY CARE**

ERIE COUNTY



Source: Appendix B, Table 2

A third problem, also fundamental, is the ascription of population use rates to the place where service is delivered rather than to the consumer's place of residence. This is the same problem as encountered with private physicians and is handled in a logically consistent fashion, but for institutional care the biasing effect seems potentially greater. There are many fewer institutions than individual physicians so that boundary crossing effects will not be cancelled out. Also, because there are fewer institutions it is meaningless to show the census tract breakdown. (Therefore, there are no B or EXB maps of the Modified IMU). Finally it seems plausible that people may be travelling greater distances to obtain institutionally based care than they do for private practice primary care. This is an area that merits further study.

Because of the problems just discussed it is felt that the Modified IMU is not suitable in its present form to rank relative need. For the purpose of obtaining this ranking the unmodified IMU should be used. When a particular program with a defined service area is being considered the IMU and its rank should be considered as one factor along with, as a separate factor, current and planned volume and character of services provided by existing institutions.

Planning Considerations

Having developed, at least in preliminary form, the data necessary to compute IMU's, several planning problems must be addressed. Among these are: 1) appropriate units for aggregation (particularly in a planning region which includes both urban and rural areas), 2) displaying information in a manner which facilitates analysis, and 3) community involvement.

Geographic Units of Information: In one sense no geographic unit is ever fair to all the individuals and families living there. Some populations who are a small proportion in a particular area may be just as deserving of increased benefits as those who are a greater proportion in another area. All geographic units - block groups, enumeration districts, census tracts, neighborhoods (as groups of census tracts), minor civil divisions, counties or any political entity - are unfair units in this sense.

In Western New York the number of units chosen could theoretically vary from 1 (the region itself) to 1.7 million (the number of people in the region). While computer based technology permits consideration of more units, practicality dictated the largest number of possible units be reduced to 396. This number is the total of census tracts in the Standard Metropolitan Statistical Area (SMSA), Erie and Niagara Counties, plus the minor civil divisions outside of it. Even at this level, however, the sheer number of units can so over burden the decision maker, be (s)he an administrator or Health Planning Council Board Member, with information enough to cause paralysis.

The same computer based technology, however, that provides the capability of producing calculations at very small census tract or minor civil division levels for very precise analysis, allows reaggregation into larger units that become fewer in number and easier to grasp. The data used may be manipulated in units that approximate neighborhoods, political subdivisions and, in the future, theoretical or empirically derived service areas. In essence, the machine readable data allows a computer to be used in a manner similar to a microscope with multiple magnification lenses.

In Erie County for instance, 218 census tract units, covering an area of 1,058 square miles with an average of 5,043 people per census tract were rearranged into 39 units for display and analysis at the macro level while preserving the micro level census tract data also for display and analysis. The 39 units chosen were 12 neighborhoods in the City of Buffalo, 2 smaller cities with populations of over 20,000 each in their entirety, and the 25 town-wide minor civil divisions for the balance of the county. The 2 cities chosen for separate treatment because of their older historical base with resulting higher densities and demographic characteristics of poorer and older populations. The 12 neighborhoods in Buffalo were selected to have some ethnic and economic homogeneity after examining many boundary maps that resulted in a close similarity to City Planning Districts (which, unfortunately, were not created using census tract boundaries). These neighborhoods were also supported by a consumer/governmental/provider committee affiliated with the CHP Council concerned with Primary Health Care and Human Services Planning.

In conjunction with primary care plan development, our sole purpose in displaying the 218 census tract level data was to validate aggregation to the larger 39 units to see what, if any, significant differences were hidden by the aggregation process.

An additional consideration is offered as a strong caveat. It is necessary to caution against the assignment of priority for new services solely according to differences in indices for individual census tracts, neighborhoods, and/or towns. Primary health care (and human services) should address areas of appropriate size and need that may include many census tracts and cross town boundaries. A town, neighborhood or census tract, for instance, that has few physicians and appears underserved may be near enough to another that has many so that it should be considered as part of a service area larger than itself. Likewise, areas with a low index of medical underservice that lie along county boundaries should be viewed in relation to adjacent areas in other counties. Areas of need or attention that are either census tracts, neighborhoods or towns are not the equivalent of soundly determined service areas.

Displaying Information: The presentation of information must deal with at least four concerns. The first is the spatial or geographic display of areas and the relative IMU values attributable to them - both at the macro and micro level for each individual county. A second concern is the display of information for regional comparison and analysis of inter-county characteristics. A third concern is a display which also accounts for the disparity in population size of different units. Finally, a fourth concern is the display of the individual V-scores or components which make up each particular Index of Medical Underservice value.

In the first concern, the display technique chosen uses line-printed, computer drawn maps.⁽⁴⁾ The 39-unit map, E-series,, has few enough areas to enable a Council member to see the variation in the County as a whole. Comparing the 39-unit map with the two census tract

⁽⁴⁾ Application of this technique to the WNY area was undertaken by the Community Services Research and Development Project, Department of Social and Preventive Medicine, State University of New York at Buffalo, under the direction of Professor Harry A. Sultz for the Community Health Information Profile (CHIP) series. The map programs were the direct responsibility of Frank A. Rens.

APPENDIX B, TABLE 2

Modified Index of Medical Underservice Including Facility Based Outpatient and Emergency Care

| <u>District and Hospital</u> | <u>Visits</u> | | <u>PCP Equiv.</u> | | <u>Mod. IMU</u> | <u>District and Hospital</u> | <u>ER</u> | <u>PCP</u> | <u>Mod. IMU</u> |
|------------------------------|---------------|------------|-------------------|------------|---------------------|--|---------------|---------------|---------------------|
| | <u>E.R.</u> | <u>OPD</u> | <u>E.R.</u> | <u>OPD</u> | | <u>(only districts with hospitals)</u> | <u>Visits</u> | <u>Equiv.</u> | |
| <u>South Buffalo</u> | | | | | 73.6 | | | | |
| Mercy | 35,447 | 1,491 | 7.65 | .21 | | Amherst (Millard Fillmore Satellite had not opened at time of data collection) | No Change | | |
| <u>Perry Valley</u> | | | No Change | | | | | | |
| <u>Ellicott</u> | | | | | 52.8 | <u>Cheektowaga</u> | | | 79.7 |
| Buffalo General | 27,680 | 19,662 | 5.97 | 2.75 | | St. Joseph's | 51,995 | 11.22 | |
| Emergency | 14,539 | 1,863 | 3.14 | .26 | | | | | |
| <u>Upper East Side</u> | | | No Change | | | <u>Concord</u> | | | 79.9 |
| | | | | | | Bertrand Chaffee | 5,133 | 1.11 | |
| <u>Lovejoy</u> | | | No Change | | | <u>Lackawanna</u> | | | 75.1 |
| | | | | | | Our Lady of Victory | 21,570 | 4.65 | |
| <u>Cold Spring</u> | | | | | 52.4 | <u>Tonawanda (Town)</u> | | | 86.0 |
| Deaconess | 43,693 | 16,387 | 9.43 | 2.28 | | Kenmore Mercy | 34,471 | 7.44 | |
| | | | | | | Sheridan Park | 106 | .02 | |
| <u>University/Northeast</u> | | | | | 78.1 | | | | |
| E.J. Meyer | 54,552 | 30,432 | 11.77 | 4.25 | | | | | |
| Veterans | 387 | -- | .08 | -- | | | | | |
| <u>North Buffalo</u> | | | | | 85.2 | ERIE COUNTY (EXCLUDING BUFFALO) SUBTOTAL | 113,275 | 24.44 | N.A. |
| St. Francis | 240 | -- | .05 | -- | | | | | |
| Sisters | 25,100 | 10,058 | 5.42 | 1.41 | | | | | |
| <u>Black Rock/Riverside</u> | | | No Change | | | | | | |
| <u>Upper West Side</u> | | | | | 65.3 | | | | |
| Lafayette | 2,530 | -- | .55 | -- | | | | | |
| <u>Lower West Side</u> | | | | | 42.5 | | | | |
| Buffalo Columbus | 8,295 | -- | 1.77 | -- | | | | | |
| <u>Delaware</u> | | | | | 72.0 | | | | |
| Children's | 34,148 | 2,372 | 7.37 | .33 | | | | | |
| Millard Fillmore | 21,108 | 2,805 | 4.56 | .39 | | | | | |
| BUFFALO SUBTOTAL | 267,619 | 85,020 | 57.76 | 11.88 | | | | | |
| ERIE COUNTY TOTAL | 380,994 | 85,020 | 82.20 | 11.88 | 77.0 | | | | |

maps⁽⁵⁾, B and EXB series, enables the Council member to focus on one of the 39 units and see what differences may have been lost by aggregation. Comparison is the heart of the validation process for drawing appropriate boundaries. Given the flexibility inherent in the computer mapping process, different boundaries can relatively easily be drawn.

For the region as a whole, maps are also possible. Figure WNY-6 is an example of what the IMU looks like for the WNY region and shows some interesting characteristics, particularly along county boundaries, which should encourage regional consideration of problems.

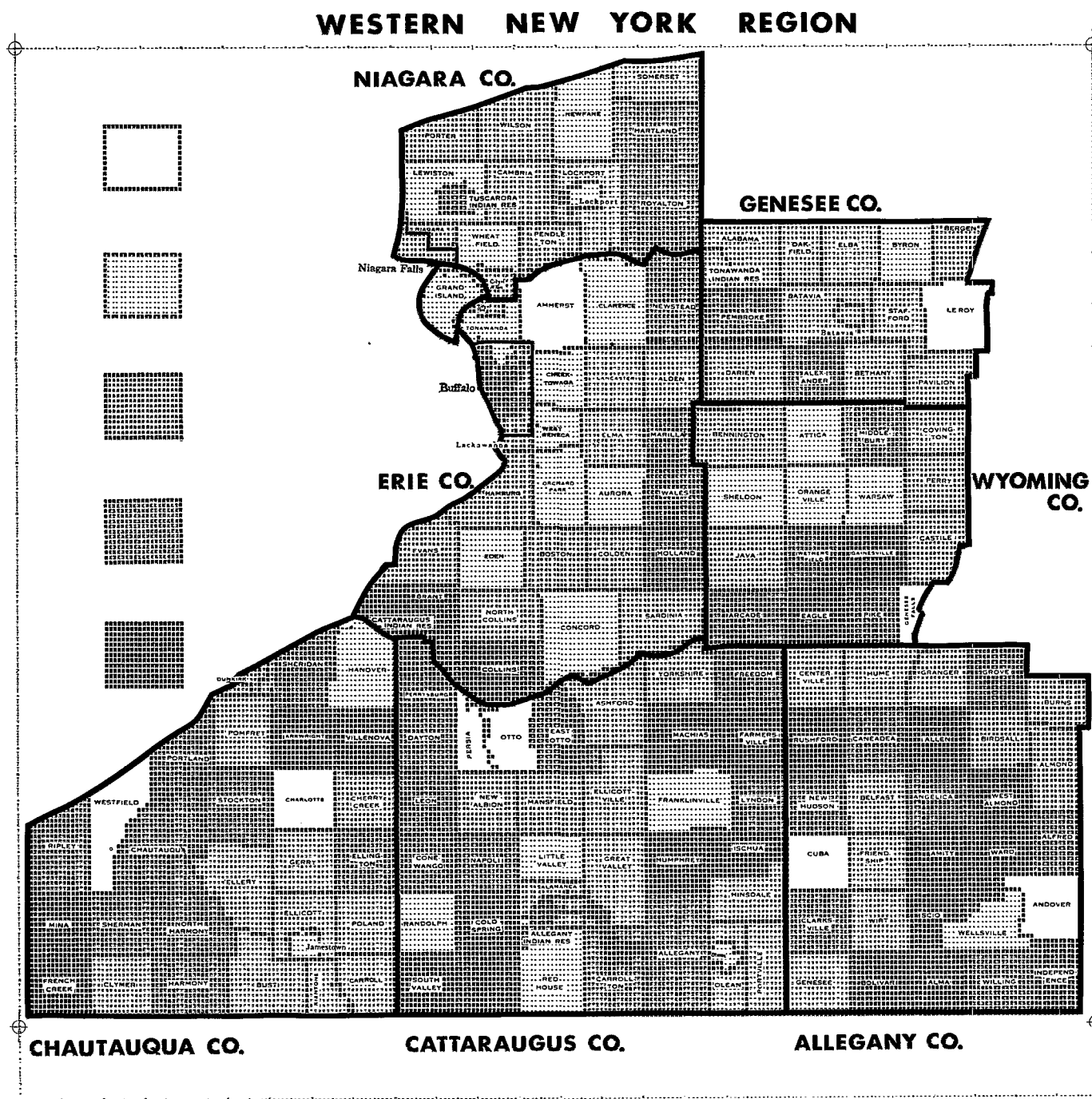
In order to address the concern of disparity in population sizes which result from using geographic units non-weighted for population, three dimensional computer maps are being developed and bar graphs can be drawn to show the total population and IMU values of a geographic area simultaneously, Figure E-10.

Community Involvement: It is felt after a few short months of experience with the Index of Medical Underservice that there is considerable value in its use as a tool in the planning of primary health care services and where they should be located. This is not just an opinion of staff. Many levels of community involvement in the health planning process have been exposed to the IMU. At the regional or area-wide level, it is being employed by a plan development Task Force on Primary Care. Sub-area council board members of all counties have been exposed to the use of it as an analytic tool. For existing community participants in the health planning process, it places individual community loyalties or concerns in perspective relative to needs and problems of the larger areas. In areas of previously undocumented or unrevealed need, on the other hand, use of the IMU promises to substantiate and clarify concerns which were to date vague notions of underservice at best. By and large, however, the IMU has agreed with what we, as planners, and those involved from the community process point of view have suspected and within the limitations described, it is a tool for focusing community involvement on areas of need.

Conclusions

In using the IMU tool as part of a health agency planning process three conclusions seem most important. One is that the committee members be able to see all the key components on two levels of aggregation; a level which is fairly small, such as a census tract, and a level of aggregation great enough to be able to grasp the total unit for which a plan must be developed. Lastly, it is apparent that improved methods such as gravity models are needed for calculating the Index of Medical Underservice and that computer power is necessary for good areawide primary care plan development.

(5) Two census tract maps were felt to be necessary, one for Buffalo (B) and one for the county excluding Buffalo (EXB), because the greater population density in the city has resulted in smaller tracts which are difficult to see in a single census tract map for the entire county.



APPENDIX - C

Population Projections

Table C-1
POPULATION PROJECTION

| <u>Cities and Towns</u> | | <u>1970 Census Population</u> | <u>NFTC 1985 Population Allocation</u> | <u>Population Change</u> |
|-------------------------|----------|-----------------------------------|--|------------------------------|
| ERIE COUNTY | | | | |
| Buffalo | 1st Ring | 462,800 | 400,000 | - 62,800 |
| Grand Island | | 14,000 | 23,300 | + 9,300 |
| Tonawanda | | 107,300 | 106,300 | - 1,000 |
| Tonawanda (C) | | 21,900 | 20,000 | - 1,900 |
| Amherst | | 93,900 | 149,100 | + 55,200 |
| Cheektowaga | | 113,800 | 130,400 | + 16,700 |
| West Seneca | | 48,400 | 64,900 | + 16,500 |
| Orchard Park | | 20,000 | 37,600 | + 17,600 |
| Hamburg | | 47,700 | 64,600 | + 16,900 |
| Lackawanna | | 28,700 | 26,300 | - 2,400 |
| Clarence | 2nd Ring | 18,200 | 24,400 | + 6,200 |
| Lancaster | | 30,600 | 34,000 | + 3,400 |
| Elma | | 10,000 | 11,700 | + 1,700 |
| Aurora | | 14,400 | 16,400 | + 2,000 |
| Colden | | 3,000 | 3,600 | + 600 |
| Boston | | 7,200 | 8,800 | + 1,600 |
| Eden | | 7,600 | 7,800 | + 200 |
| Evans | | 14,600 | 17,200 | + 2,600 |
| Newstead | 3rd Ring | 6,300 | 6,800 | + 500 |
| Marilla | | 3,300 | 4,600 | + 1,300 |
| Wales | | 2,600 | 3,200 | + 600 |
| Holland | | 3,100 | 4,200 | + 1,100 |
| Sardinia | | 2,500 | 2,600 | + 100 |
| Concord | | 7,600 | 8,900 | + 1,300 |
| Collins | | 6,400 | 5,000 | - 1,400 |
| N. Collins | | 4,100 | 4,100 | 0 |
| Brant | | 2,700 | 2,600 | - 100 |
| Alden | | 9,800 | 11,800 | + 200 |
| Erie County Total* | | 1,112,500 | 1,200,200 | + 87,700 |

* Does not include Reservation Populations

SOURCE: Niagara Frontier Transportation Committee, unpublished study, 1974

Table C-1
POPULATION PROJECTION

| <u>Neighborhoods</u> | <u>1970 Census Population</u> | <u>NFTC 1985 Population Allocation</u> | <u>Population Change</u> |
|-----------------------|-----------------------------------|--|------------------------------|
| South Buffalo | 49,559 | 44,175 | - 5,384 |
| Perry Valley | 5,571 | 3,830 | - 1,741 |
| Ellicott | 54,451 | 38,490 | - 15,961 |
| Lovejoy | 17,001 | 14,265 | - 2,736 |
| Cold Spring | 51,798 | 41,335 | - 10,463 |
| Upper East Side | 71,076 | 61,770 | - 9,306 |
| University/North East | 49,388 | 41,895 | - 7,493 |
| North Buffalo | 41,831 | 37,875 | - 3,956 |
| Black Rock/Riverside | 31,065 | 27,560 | - 3,505 |
| Upper West Side | 56,834 | 50,660 | - 6,174 |
| Delaware | 14,763 | 13,600 | - 1,163 |
| Lower West Side | 18,684 | 24,545 | + 5,861 |
| TOTALS: | 462,021 | 400,000 | - 62,021 |

SOURCE: Niagara Frontier Transportation Committee, unpublished study, 1974

APPENDIX - D

Transportation

BUS TRANSPORTATION IN ERIE COUNTY

The Niagara Frontier Transportation Authority (NFTA) is in the process of creating a Regional Bus Transit Network. Toward this end it will acquire the equipment and facilities of the following seven bus companies: Niagara Frontier Transit System, Inc. (NFT); Niagara Falls Municipal Transportation Commission; D & F Transit Corp.; T-NT Transit Company; Grand Island Transit Corp.; Lockport Bus Lines; and Niagara Scenic Bus Lines, Inc. As of January 1, 1975 all but the last three had been acquired. Buses operated by D & F Transit and Grand Island Transit to points outside of the Region will not be taken over.

The primary transit service in Erie County is provided by NFT to a service area of some 289 square miles. It consists of the City of Buffalo, Lackawanna, Hamburg, East Aurora, Holland, Patchin, Alden, Lancaster, Cheektowaga, Williamsville, West Seneca, Amherst, Kenmore, North Tonawanda, and Tonawanda. Within this area 34 bus routes are operated, 24 of which terminate in downtown Buffalo. The rest are cross-town routes or shuttle routes. The routes and the headways (interval between buses) are listed below.

Headways vary depending on route, time of day, and time of week as can be seen in the table below. During the morning peak they range from 3.1 minutes on the Bailey Avenue line to 25 minutes on the Ridge Road line. The average headway is 12.0 minutes. Similarly, the evening peak varies from 3.4 minutes on the Main Street line to 60 minutes on the Sheridan Drive shuttle. In that period the average headway is 12.2 minutes. During the day-time, the average headway is 21.2 minutes, while in the evening, it is 27.3 minutes. On weekends most lines have much longer headway.

The City of Buffalo is fairly well covered with bus routes, but as distance increases from downtown, service becomes considerably scarcer. Many of the outlying towns do not have any bus service. There is a great variation in service between peak and non-peak hours, between weekdays and weekends. Of the total mileage covered, only 16.6% of the weekly total occurs on Saturday or Sunday. (The weekend accounts for 28.6% of the time in a full week.)

On Monday through Friday, NFT buses are in operation between 4:27 AM and 1:37 AM; on Saturdays, between 4:42 AM and 1:38 AM; and on Sundays, between 5:36 AM and 1:21 AM.

The fare within the city is 40¢. Transfers are available between two routes for 5¢. Additional fare is required to reach suburban areas.

The Technical Report of the Niagara Frontier Mass Transit Study prepared by W. C. Gilman & Co., Inc. in September, 1971 evaluated the adequacy of present transit service. The results of that study appear below. The standards used concerned: Availability of Services; Frequency of Service; Loading; Speed of Operation; Dependability; Directness of Routing; and Rate of Fare. The report indicates the following caveat which must be kept in mind when

analyzing the adequacy of transit service in relation to primary health care. A balance must be maintained between adequate transit service for health care and sound transportation planning principles.

"Adequacy of transit service must be evaluated from the standpoint of striking a balance between public needs and the financial limitations of a transit operation. Density and spatial distribution of population and employment to a large extent govern the economic feasibility of providing transit service and must be considered in conjunction with objectives and standards of operation. Ideal conditions are rarely present and therefore compromise must prevail in trying to provide the best possible service to the greatest number of people in the most economical manner."

AVAILABILITY

Standard: Transit routes should be established within $\frac{1}{4}$ mile of well-developed residential areas and $\frac{1}{2}$ mile where population density is 5000 persons per square mile. Bus service should be available within a 5-10 minute walk. Where population is less than 500 persons per square mile, transit service should be provided as area development warrants (see population density maps).

Evaluation: Route coverage in Buffalo is considered to be good; 4.1 miles of bus routing per square mile, with a population density of 10,800 per square mile. However, in the suburbs, the density drops to 2,200 persons per square mile with a subsequent 1 mile of bus service per square mile.

FREQUENCY

Standard: Frequency during rush-hour periods should be determined by demand. During off periods of the day and evening, frequency should be such to provide a seat for each person with a maximum set to not exceed a set headway policy.

Evaluation: A more than adequate level of service frequency is being provided.

LOADING

Standard: A seat should be provided for each passenger during off-peak hours or a ratio of 1.00:1. During the peak hours, the ratio should be 1.30:1.

Evaluation: Only on rare occasions were heavy standee loads observed.

SPEED OF OPERATION

Standard: None given.

Evaluation: A majority of routes were found to have excessive scheduled running times. The "exact fare" plan was responsible for the shorter running times than scheduled times. Greater spacing of bus stops to 5 per mile is indicated to speed up service.

DEPENDABILITY

Standard: A transit operation should have at least 85% of its trips on time or less than one minute late. No trips should be ahead of schedule.

Evaluation: A study conducted in 1970 showed poor schedule adherence.

DIRECTNESS OF ROUTING

Standard: Transit routes should be so designed so that as much as possible the majority of passenger origins and destinations are directly connected.

Evaluation: Current information on origin and destination was not available. It is noted that the length of time that the current routes have been in place has developed stable patterns of transit riding and that any changes should be made with great care.

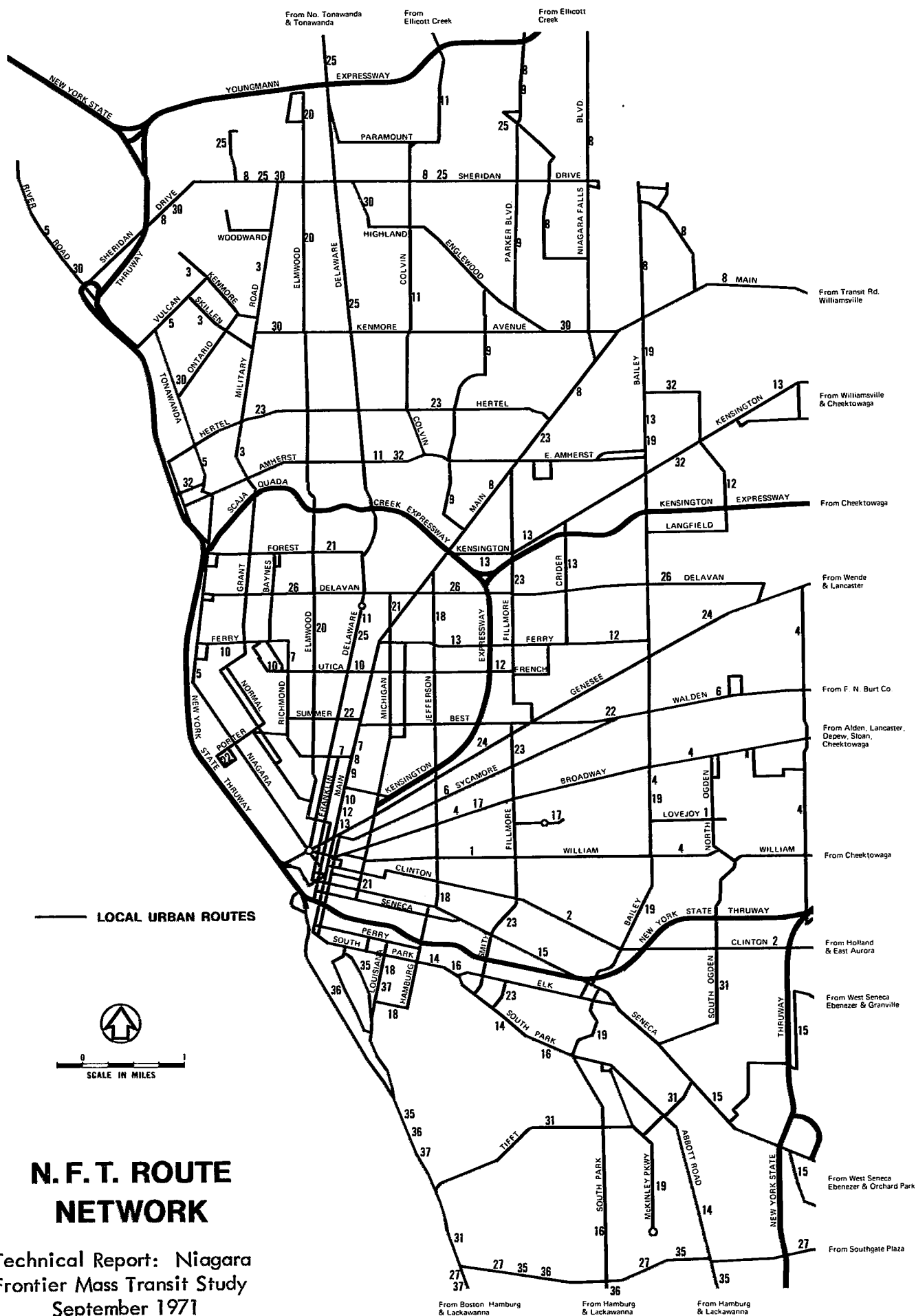
RATE OF FARE

Standard: The fare structure should be maintained at a relatively low level so that basic transit usage is not discouraged because of price. It also should be adequate enough to maintain the quality of service, frequency and coverage.

Evaluation: At the time of the study, 1970, Buffalo's fare was among the lowest of a list of 23 metropolitan areas of 1,000,000 people or more.

The constraints of maintaining an efficient and well-run transit system require a give-and-take in routing, frequency of service and fare. It is not possible to provide door to door access for every person. What is attempted is to maximize the service that can be provided to the greatest number of people.

All of the institutional providers of primary care are located on or within two blocks of a bus route. Choice of a bus as a means of transportation is subject to a number of variables such as: accessibility to a bus line; availability of an automobile; cost of a ride; schedule; and normal pattern of travel. The actual use of the bus by Erie County residents for reaching sources of primary care is not known with any degree of accuracy. The above standards and evaluations are those of the Gilman Study. Public transit to primary health care services may have significant deficiencies and alternatives to compensate for them should be considered.



N.F.T. ROUTE MILES AND HEADWAYS (March 15, 1970 Schedule)

| Route Name | Route No. | 1-Way Route Miles | Average AM Peak | Headways Base | Normal PM Peak | Weekday Evening |
|------------------|-----------|-------------------|-----------------|---------------|----------------|-----------------|
| William | 1 | 4.4 | 9.0 | 16.8 | 8.6 | 23.3 |
| Clinton | 2 | 47.1 | 5.0 | 17.0 | 4.7 | 20.2 |
| Grant | 3 | 16.5 | 6.1 | 13.0 | 5.1 | 21.2 |
| Broadway | 4 | 52.9 | 5.8 | 10.7 | 4.1 | 14.0 |
| Niagara | 5 | 17.4 | 6.0 | 13.2 | 5.2 | 20.0 |
| Sycamore | 6 | 7.9 | 7.8 | 13.6 | 7.5 | 21.3 |
| Baynes-Richmond | 7 | 4.1 | 10.3 | 24.2 | 11.2 | 24.0 |
| Main | 8 | 39.2 | 3.6 | 8.7 | 3.4 | 11.6 |
| Parkside | 9 | 19.3 | 6.2 | 12.1 | 7.1 | 18.5 |
| W. Utica | 10 | 4.5 | 9.0 | 16.5 | 10.3 | 27.0 |
| Colvin | 11 | 23.5 | 4.6 | 16.0 | 5.3 | 21.4 |
| E. Utica | 12 | 12.8 | 5.2 | 12.0 | 5.5 | 25.8 |
| Kensington | 13 | 35.5 | 5.2 | 12.6 | 5.5 | 26.5 |
| Abbott Rd. | 14 | 13.4 | 6.3 | 16.0 | 4.8 | 24.0 |
| Seneca | 15 | 36.0 | 5.1 | 14.5 | 4.2 | 23.3 |
| S. Park | 16 | 11.0 | 6.0 | 16.8 | 6.0 | 24.0 |
| Cent. Terminal | 17 | 3.1 | 20.0 | 21.0 | 18.0 | 40.0 |
| Jefferson | 18 | 5.0 | 11.0 | 19.0 | 10.2 | 23.8 |
| Bailey | 19 | 10.1 | 3.1 | 15.8 | 8.5 | 21.6 |
| Elmwood | 20 | 20.0 | 6.1 | 10.7 | 5.1 | 26.0 |
| Mich.-Forest | 21 | 6.1 | 14.0 | 23.0 | 13.0 | 21.3 |
| Porter-Best | 22 | 4.7 | 6.0 | 18.3 | 13.0 | 28.3 |
| Fillmore-Hertel | 23 | 9.8 | 6.6 | 13.6 | 10.2 | 20.5 |
| Genesee | 24 | 26.8 | 6.6 | 13.0 | 4.5 | 19.0 |
| Delaware | 25 | 34.4 | 4.1 | 15.5 | 4.9 | 20.8 |
| Delavan | 26 | 5.8 | 5.8 | 20.2 | 10.8 | 29.0 |
| Ridge Rd. | 27 | 13.1 | 25.0 | 35.0 | 21.7 | 35.0 |
| Sheridan Shuttle | 28 | 6.0 | --- | --- | 60.0 | --- |
| Kenmore | 30 | 25.8 | 8.6 | 30.0 | 17.5 | 30.0 |
| Ogden-Tifft | 31 | 7.3 | 14.0 | 60.0 | 23.3 | 60.0 |
| Amherst | 32 | 11.3 | 12.2 | 28.0 | 22.0 | 31.5 |
| Hamburg-Abbott | 35 | 20.1 | 21.0 | 60.0 | 30.0 | 60.0 |
| Hamburg-S.Park | 36 | 40.3 | 11.0 | 60.0 | 12.0 | 60.0 |
| Hamburg-Boston | 37 | 22.9 | 20.0 | --- | 30.0 | --- |
| TOTAL | | 618.1 | | | | |

N.F.T. LEVEL OF SERVICE (March 15, 1970 Schedule)

| Frequency of Service Headways | Mid-day Base | Evening Base |
|-------------------------------|--------------|--------------|
| 15.0 minutes or less | 12 | 2 |
| 15.1 to 30.0 minutes | 16 | 24 |
| Over 30.0 minutes | 4 | 6 |
| Total | 32 | 32 |

Source: Technical Report:
Niagara Frontier Mass Transit
Study - September 1971

APPENDIX - E

Census Data - Summary

FRIE COUNTY

| MINDR CD | NUMBER OF FAMILIES | PERCENT FAMILIES BELOW POVERTY LEVEL | PERCENT PERSONS BELOW POVERTY LEVEL | PERCENT FAMILIES BELOW POVERTY LEVEL | MEDIAN FAMILY INCOME | NUMBER UNRELATED PERSONS | MEDIAN INCOME UNRELATED PERSONS | % MALES 25 AND OVER NOT HIGH SCHOOL GRADS | % FEMALE 25 AND OVER NOT HIGH SCHOOL GRADS |
|------------------------|--------------------------|--|---|--|----------------------------|--------------------------------|--|--|---|
| 005 Alden | 2026 | 4.24 | 4.89 | 18.71 | 10930 | 359 | 2378 | 58.03 | 50.17 |
| 010 Amherst | 23994 | 3.17 | 4.86 | 11.52 | 13918 | 5557 | 2791 | 24.36 | 26.71 |
| 015 Aurora | 3687 | 3.12 | 4.80 | 14.75 | 12193 | 769 | 2441 | 30.45 | 27.72 |
| 020 Boston | 1749 | 3.37 | 4.01 | 16.98 | 11351 | 263 | 3199 | 42.74 | 35.18 |
| 025 Brant | 544 | 8.23 | 10.66 | 32.14 | 9363 | 228 | 1991 | 58.94 | 57.55 |
| 030 Buffalo | 113403 | 11.21 | 14.85 | 33.60 | 8803 | 57238 | 2389 | 60.29 | 61.39 |
| 035 Cheektowaga | 29905 | 3.61 | 4.44 | 17.76 | 10850 | 4835 | 3643 | 50.33 | 52.00 |
| 040 Clarence | 4453 | 2.11 | 3.11 | 11.14 | 13756 | 643 | 3202 | 29.95 | 26.31 |
| 045 Colden | 729 | 4.39 | 4.37 | 22.91 | 9850 | 95 | 4466 | 47.16 | 46.48 |
| 050 Collins | 1192 | 5.20 | 5.37 | 22.73 | 9910 | 344 | 2330 | 66.28 | 53.99 |
| 055 Concord | 1893 | 5.71 | 6.52 | 25.78 | 9736 | 417 | 2674 | 50.13 | 42.78 |
| 060 Eden | 1842 | 3.85 | 4.74 | 20.79 | 10869 | 268 | 2579 | 44.59 | 41.75 |
| 065 Elma | 2575 | 4.12 | 5.28 | 17.67 | 12406 | 303 | 2455 | 40.60 | 37.08 |
| 070 Evans | 3659 | 5.06 | 6.47 | 26.07 | 9934 | 666 | 2335 | 54.77 | 49.94 |
| 075 Grand Island | 3443 | 3.40 | 4.16 | 12.08 | 12549 | 391 | 4999 | 28.45 | 27.35 |
| 080 Hamburg | 11924 | 3.37 | 4.61 | 17.13 | 11566 | 2229 | 3047 | 43.40 | 38.94 |
| 085 Holland | 774 | 8.27 | 8.34 | 26.87 | 9663 | 148 | 2952 | 47.10 | 31.97 |
| 090 Lackawanna | 7210 | 7.61 | 9.76 | 25.21 | 9898 | 2001 | 2576 | 61.11 | 59.55 |
| 095 Lancaster | 7741 | 4.87 | 6.14 | 21.21 | 10570 | 1541 | 3292 | 50.42 | 51.50 |
| 100 Marilla | 816 | 6.37 | 6.00 | 18.01 | 12089 | 121 | 3363 | 49.46 | 42.62 |
| 105 Newstead | 1642 | 4.87 | 5.44 | 23.75 | 10027 | 356 | 2205 | 55.54 | 49.70 |
| 110 North Collins | 988 | 13.16 | 13.40 | 40.89 | 9356 | 189 | 2158 | 66.40 | 48.71 |
| 115 Orchard Park | 4862 | 3.29 | 3.82 | 14.91 | 12420 | 702 | 2951 | 38.81 | 34.58 |
| 120 Sardinia | 592 | 5.07 | 6.39 | 21.62 | 9891 | 176 | 3416 | 61.51 | 52.88 |
| 125 Tonawanda (City) | 5694 | 6.06 | 7.10 | 21.85 | 10521 | 1176 | 3227 | 47.96 | 48.79 |
| 130 Tonawanda (Town) | 27757 | 3.29 | 4.10 | 14.66 | 11841 | 5434 | 3863 | 32.78 | 32.94 |
| 135 Wales | 549 | 8.63 | 10.74 | 22.50 | 10877 | 115 | 1471 | 42.84 | 40.88 |
| 140 West Seneca | 11792 | 3.17 | 4.17 | 15.04 | 11750 | 1922 | 2913 | 44.12 | 44.43 |
| 145 Catt. Indian. Res. | 193 | 27.83 | 30.60 | 49.22 | 6705 | 76 | 1408 | 74.90 | 58.82 |
| COL. TOTALS | 277828 | 6.92 | 9.14 | 23.78 | 10481 | 88562 | 2616 | 49.38 | 49.73 |

ERIE COUNTY

| MINOR CD | TOTAL POP | % OF COUNTY TOTAL | % BLACK POP | % SPANISH LANGUAGE | % 15 AND OLDER | % FEMALE 15 TO 64 | % POP UNDER 15 | % POP UNDER 15 | % FOREIGN BORN |
|-----------------------|----------------|-------------------------|-------------------|--------------------------|----------------------|-------------------------|----------------------|----------------------|----------------------|
| 005 Alden | 9787 | .88 | 1.96 | .44 | 17.03 | 19.27 | 30.61 | 7.79 | 4.39 |
| 010 Amherst | 93929 | 8.44 | .49 | .82 | 9.23 | 21.75 | 29.36 | 7.69 | 6.56 |
| 015 Aurora | 14426 | 1.30 | ... | .49 | 9.57 | 19.10 | 30.67 | 8.38 | 2.55 |
| 020 Boston | 7158 | .64 | ... | ... | 9.41 | 20.89 | 36.70 | 11.08 | 1.80 |
| 025 Brant | 2925 | .26 | 1.85 | ... | 9.15 | 19.93 | 34.91 | 8.55 | 4.96 |
| 030 Buffalo | 462783 | 41.56 | 20.38 | 1.60 | 17.27 | 20.71 | 25.51 | 8.01 | 7.62 |
| 035 Cheektowaga | 113844 | 10.22 | .19 | .41 | 9.41 | 21.53 | 30.37 | 9.57 | 4.86 |
| 040 Clarence | 14158 | 1.63 | .07 | .04 | 7.05 | 20.08 | 32.34 | 7.44 | 3.57 |
| 045 Colden | 3020 | .27 | ... | .33 | 7.22 | 21.26 | 34.14 | 10.95 | 2.65 |
| 050 Collins | 6400 | .57 | 1.37 | .42 | 27.64 | 14.50 | 20.45 | 5.84 | 6.92 |
| 055 Concord | 7573 | .68 | .07 | .20 | 10.54 | 19.35 | 33.06 | 9.61 | 1.03 |
| 060 Eden | 7644 | .69 | ... | 1.28 | 7.56 | 19.52 | 35.74 | 9.39 | 4.15 |
| 065 Elma | 10011 | .90 | .24 | .43 | 9.84 | 20.41 | 33.12 | 7.90 | 2.94 |
| 070 Evans | 14570 | 1.31 | .33 | .30 | 9.46 | 19.97 | 33.02 | 9.38 | 4.21 |
| 075 Grand Island | 13977 | 1.25 | .24 | ... | 4.41 | 21.59 | 35.16 | 10.03 | 7.31 |
| 080 Hamburg | 47544 | 4.28 | .07 | .60 | 7.40 | 20.47 | 31.38 | 8.50 | 5.09 |
| 085 Holland | 3140 | .28 | ... | .95 | 9.73 | 20.61 | 33.73 | 10.67 | 2.01 |
| 090 Lackawanna | 28557 | 2.57 | 9.87 | 4.55 | 7.84 | 21.10 | 28.83 | 9.70 | 8.52 |
| 095 Lancaster | 30534 | 2.75 | .60 | .19 | 9.36 | 20.74 | 30.21 | 8.93 | 4.96 |
| 100 Marilla | 7250 | .29 | ... | ... | 7.57 | 21.75 | 33.02 | 8.37 | 3.20 |
| 105 Newstead | 6338 | .57 | .28 | ... | 11.06 | 19.52 | 29.28 | 7.87 | 3.93 |
| 110 North Collins | 4090 | .37 | .07 | 4.50 | 7.65 | 20.65 | 34.91 | 9.66 | 4.06 |
| 115 Orchard Park | 18973 | 1.79 | .22 | 1.01 | 7.46 | 20.15 | 32.06 | 7.99 | 4.45 |
| 120 Sardinia | 7505 | .27 | .28 | 1.32 | 9.18 | 20.52 | 35.93 | 11.46 | 2.99 |
| 125 Tonawanda (City) | 21398 | 1.97 | ... | .97 | 9.91 | 20.53 | 29.85 | 7.80 | 5.07 |
| 130 Tonawanda (Town) | 107282 | 9.67 | .31 | .63 | 9.58 | 20.64 | 28.61 | 7.37 | 6.34 |
| 135 Wales | 2617 | .24 | .57 | ... | 9.69 | 20.10 | 34.93 | 9.21 | 2.60 |
| 140 West Seneca | 48389 | 4.35 | .31 | .62 | 9.57 | 20.90 | 31.72 | 8.85 | 4.36 |
| 145 Catt. Indian Res. | 954 | .08 | ... | ... | 17.93 | 15.45 | 28.69 | 7.85 | .94 |
| COL. TOTALS | 1113491 | 100.00 | 9.32 | 1.10 | 10.13 | 20.54 | 28.44 | 8.30 | 6.25 |

APPENDIX - F**Census Tract Guide Maps**

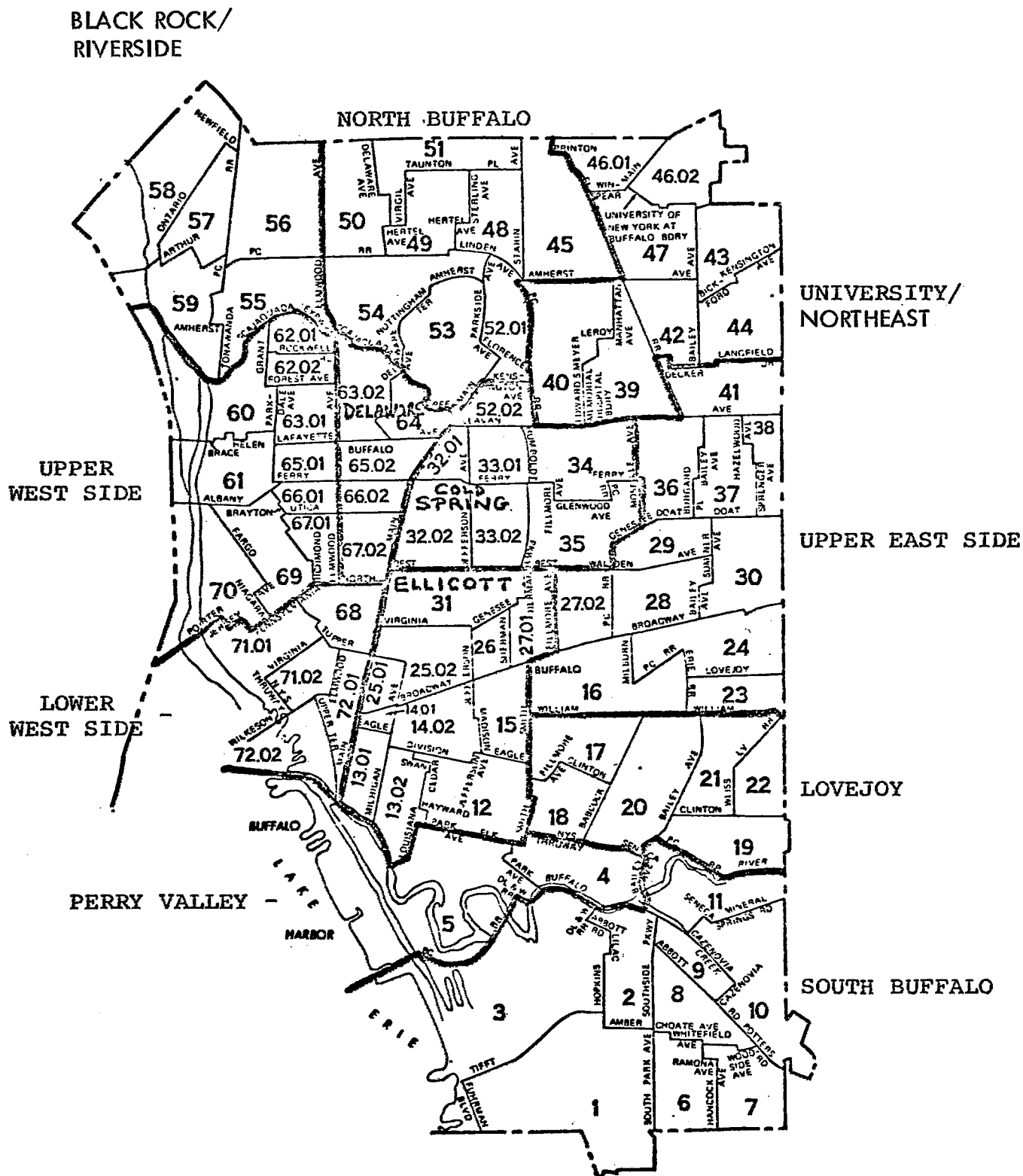
APPENDIX - F

General Test Guide Table

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F-2

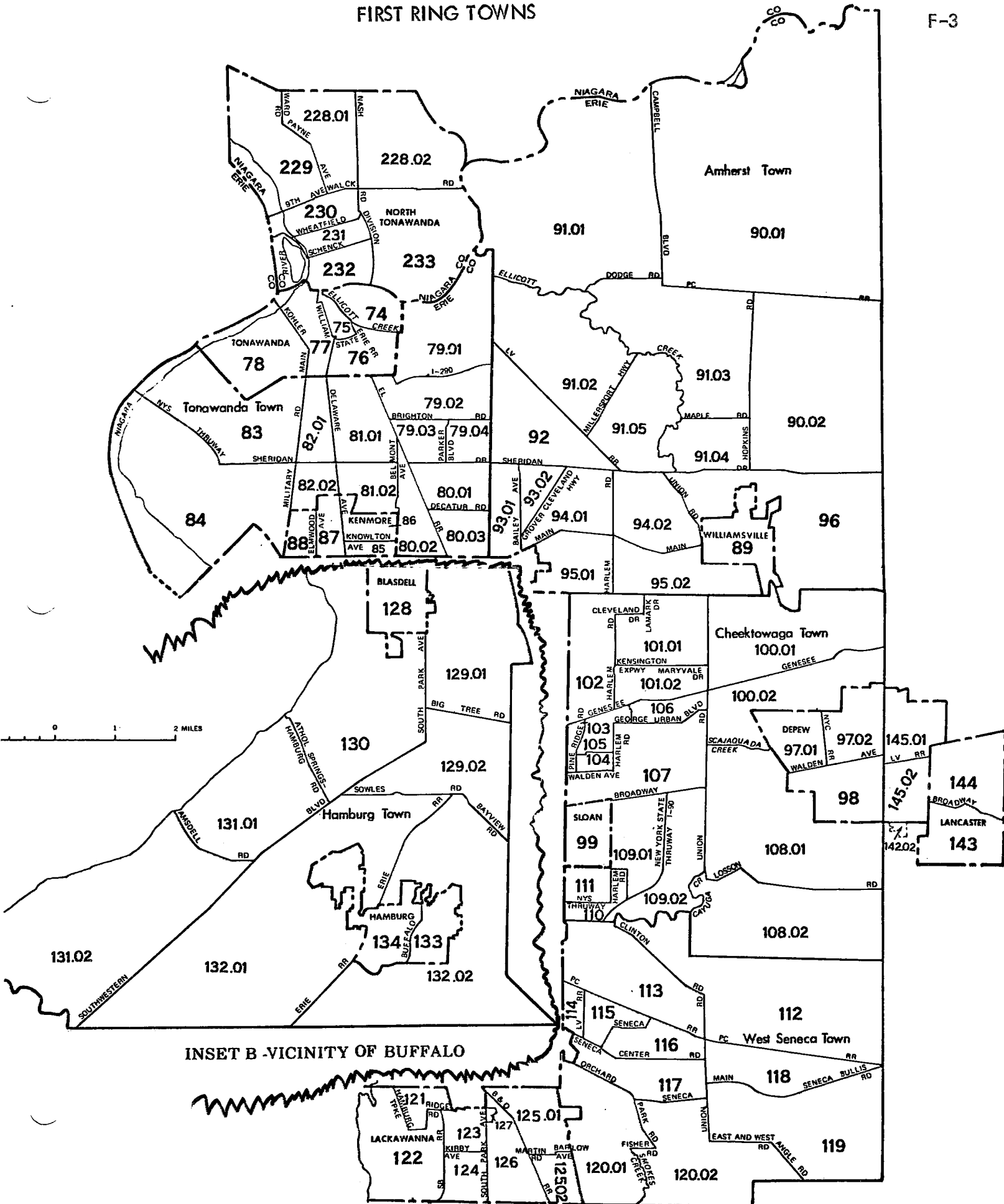
CITY OF BUFFALO: CENSUS TRACTS



ERIE COUNTY CENSUS TRACTS FIRST RING TOWNS

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April, 1975

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